MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY e MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours write RURAL and give nearest town ATTSVILLE = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1906 YES ND ITA letely carbon NAME OF DATE First Middle Last Month Day DECEASED OF DEATH AVLOR 19 (Type or print) 17-AB 1966 be executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE DATE OF BIRTH a 7. MARRIED NEVER MARRIED last birthday) Months Days WIDDWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) ase ENNA certificate 13.__FATHER'S NAME MOTHER'S MAIDEN NAME гетома attending I 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN the atten 0 (Yes, no, or unkown) ((If yes give war or dates of service) death cramation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH al-transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) à Acute pyelonephritis attending physician. signed burial, 003 DUE TO requires Bronchopneumonia buri Cenditions, if any, which peen gave rise to immediate as the prior to DUE TO cause (a), stating the Multiple myeloma underlying cause last. CERTIFICATION WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate YES X NO T 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detached f te Dept. of 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) should be der th the St factory, street, office bldg., etc.) Hour a.m. Not While While at work at work p.m. 21. I certify that (I) (this-hospital) attended the deceased from DIRECTOR: age 3 should iled with the , and that death occurred at # A M, from the causes and on the date stated above. saw the deceased alive pn_ DATE SIGNED 22a, SIGNATURE 22b. STAFF MED. M.D. PHYS. Da TO FUNERAL 22c. PHYSICIAN'S 22d. director, p Lennard Gold. M.D. 8641 Colesville Road, Silver Spring, Md. BUBJAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town of county) (State) REMOVAL (Specify) urin REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b. FUNERAL DIRECTOR VR A15 (4) 2DM 1/65

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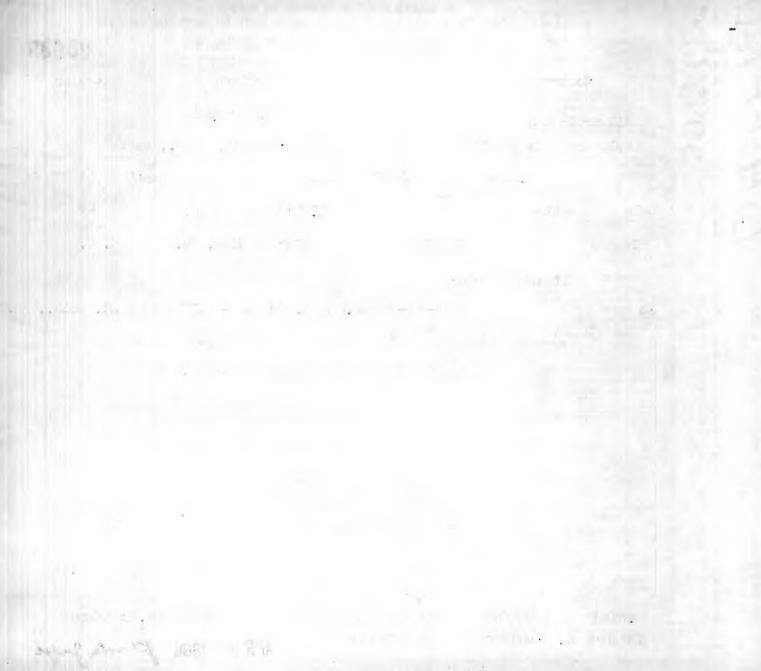
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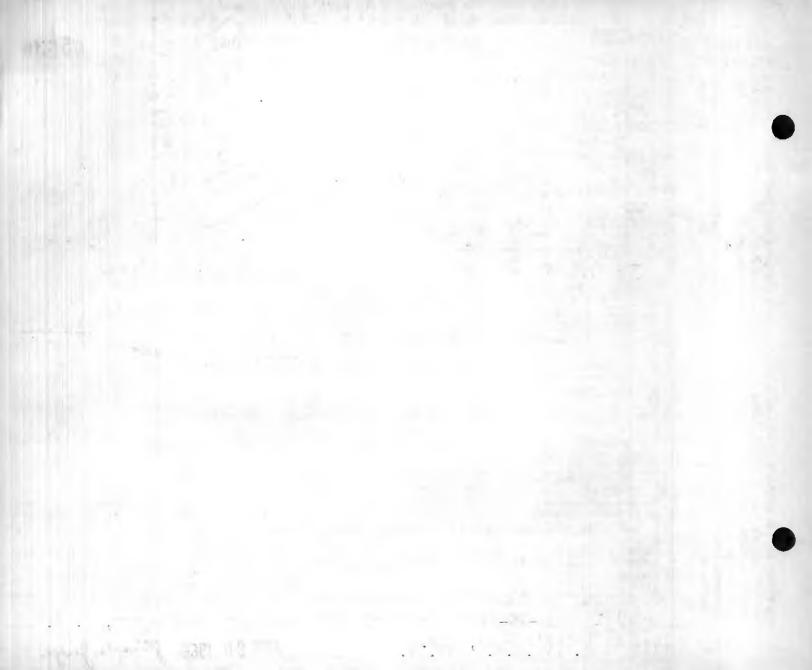
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) b. COUNTY Montgomery a. COUNTY o. STATE ry delay is 2, and 3 to PM3. Page Maryland Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Silver Spring ofter Silver Spring
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ne State Deg 72 hours a along with farm in Item 18. Give Pages 1, 405 University Blvd. West Holy Cross Hospital YES NO -AL EXAMINER: This certificate should be executed within 24 hours after death. 3 NAME OF Middle Lost 4. DATE Month Day Year DECEASED SCHAP LOUIS JOHN April 24 19 66 (Type or print) DEATH IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED birthdoy) Pole Hours Male White 12/10/96 WIDOWED DIVORCED Office 11. BIRTHPLACE (State or foreign country) 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if refired) Plumbing COUNTRY? Dickson City, Pa. pages in ony 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown and Stanley Schan IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17 INFORMANT Address or removal, 207-01-2546 Louis R. Schap - 5518 Hoover St. Beth., Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), old (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' used as a buriol-tra the certificate, writing the word Canditians, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) be to 200. EXTERNAL CAUSE WAS PRIMARY

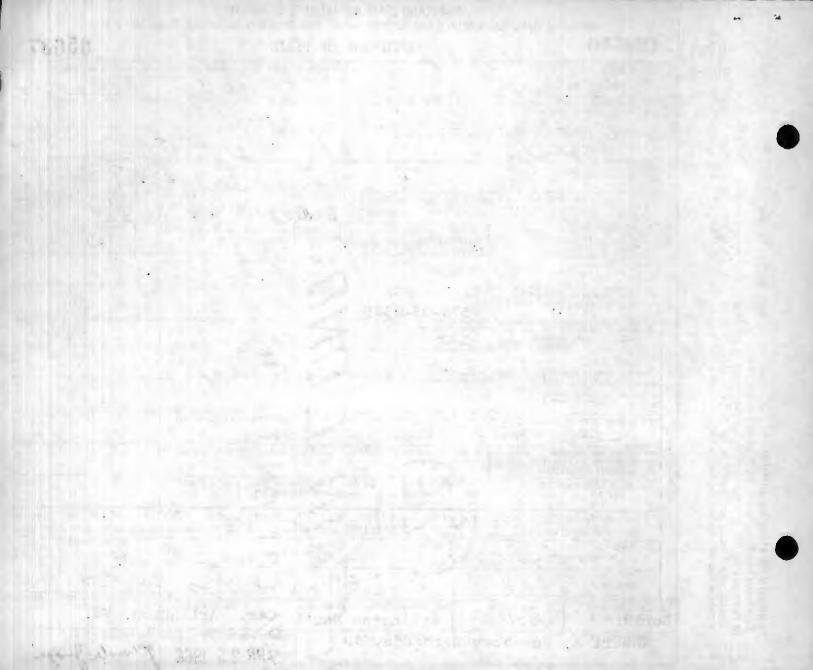
or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ogent, prior CAUSE OF DEATH. (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) foctory, street, office bldg., etc.) Not While ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted from: Natural causes Accident Hamicide Suicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Heolth or EXAMINER'S NAME (Type) 23o. BURIAL, CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 50 4/27/66 Parklawn Cemetery Rockville, Maryland 25b. REGISTRAR'S SIGNATURE Bethesda, Md 25o. REC'D BY REGISTRAR Pumphrey ochanles VR A15ME (5) 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05639 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission Montgomery o. COUNTY o. STATE Montgone death. MARYLAND Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN autside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) offer OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS haurs ate 00 YES NO V NAME OF Day 72 Year DECEASED OF DEATH (Type or print within with S. SEX 6 COLOR OR RACE 7 MARRIED AGE (In years IF UNDER YEAR IE LINDER 24 HRS NEVER MARRIED lost birthday) Months Hours haurs WIDOWED DIVORCED CV event em pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) ashington. Aub u Retired pages 13 FATHER'S NAME 14. MOTHER'S MAIDEN 217 625 be executed with FIE ond WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT permit. remayal. (Yes, no, or unknown) (If yes give wor or dates of service) CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: Coronary Thrombossis. Or IMMEDIATE CAUSE (a) Word This certificate should cremation, Hypertensive. Cardio Vascular Disease Conditions, if any, which gove rise to immediate cause (a) stoting the underlying couse 20 buriol, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1163 WAS AUTOPS PERFORMED? NO agent, priar ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item. 18.) PRIMARY I or CONTRIBUTING I DICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page 21. I certify that I taak charge of the remains described above, held on Autopsy Inspection X Inquiry X and in my apinion death resulted fram: Natural causes X. Accident ... Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 10 DEPUTY MEDICAL EXAMINER DC **EXAMINER'S** Health may Address (Street, city, town, or county) NAME (Type BURIAL, CREMATION 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 Washington D.
RAR | 25b. REGISTRAR'S SIGNATURE Prospect Hill Cemetery 2So. REC'D BY REGISTRAR Sc. Ave N. W. VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05640 05637 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. the funeral ages I and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH deg b. COUNTY o. COUNTY o. STATE MARYLANO within 72 haurs after c. CITY OR TOWN (If aviside carporate limits, write RURAL and give negrest town) C. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town OCKUILLE IS RESIDENCE ON A FARM? papers. d. STREET ADDRESS .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) NO YES Middle DATE 3. NAME OF move carban OF DEATH DECEASED (Type or print) YEAR AGE (in years 5. SEX 6. COLOR OR RACE 7 MARRAD NEVER MARRIEO lost_birthday) Ooys Hours WIDOWED DIVORCED 0 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane **COUNTRY** during most of working life, even if retired)
SALES MAN INDUSTRY 13. FATHER'S_NAME or remova Address US. WAS OFCEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. (Yes)no, or unknown) (If yes give wor or deses of service) 578-05-034 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (0) (b), ond (c).
PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (o' DUE TO burial, Conditions, if any, which gove (b) rise to immediate cause (a). DUE TO stoting the underlying couse prior to this certificate has been the 19. WAS AUTOPSY PERFORMED? 8 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Health YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF CEATH director, page 3 should be detached should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) (City or town) (County) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year Not While foctory, street, office bldg., etc.) Hour o.m. TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hasnital) of ended the deceased from 1966, and that death occurred at M. fram causes and an the date stated above. saw the deceased olive on 220. SIGNATURE STAFF MED. OIRECTOR PHYS. 22d. AODRESS 22c. PHYSICIAN'S NAME (Type) Arlington, Va. (Stote) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF Cem BurEMPVAL Specify) Arlington Nat'l 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Pumphrey Betherda.Md. VR A15 (4) 20 M 1/66



1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARVI AND
M		O5641 CERTIFICATE OF DEATH	05638
IAI	1.	PLACE DF OEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Res a. STATE D. COUNTY MARYLAND MARYLAND D. COUNTY MARYLAND MARYLAND	SOMERU
and in any event, within /2 hours after		b. CITY OR TOWN (if outside corporate limits, write RURAL awrite RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL awrite RURAL and give nearest town)	nd give nearest town)
71		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
7 8	3.	NAShing tow JAN + HOSP. 6/2 Nothey ROAD NAME DF First Middle Last 4. DATE Month	Oay Year
		OF THE SAMUEL Schooley DEATH 4	26 1966
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTY 9. ACE (in years IFUNOER 1) MALE White WIOOWEO DIVORCED 6-14-98 67 yrs. 10	YEAR IF UNDER 24 HRS.
	10a dur	. USUAL OCCUPATION (Cive kind of work done Industry) 12. CIT Ing most of working life, even if retired) 10b. KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CIT COU	IZEN OF WHAT INTRY?
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	5./4.
	15	John Schooley JESSIE Graff WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address	
5	(Ye	s, no, or unknown) (If yes give war or dates of service) 518-32-8721 Hospital Records	
burial, cremation, or removal		18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSEO BY:	INTERVAL BETWEEN ONSET AND DEATH
2		2042 QUE TO	5 weeks
		Conditions, If any, which) gave rise to immediate (b)	
		cause (a), stating the DUE TO	
	No.	underlying cause last. (c) [C] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
0	CATI	Bronchopneumonia	PERFORMEO?
0	CERTIFICATION	20a. ACCIOENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) while at work at work	ty) (State)
			, that (I) (we)-last
		saw the deceased alive on 4-25 1966, and that death occurred at 117 M, from the causes and on the	e date stated above.
1		226. PHYSICIAN'S AMOUNT MED. STAFF PHYS. DIRECTOR PHYS. 1220. ADDRESS	26/66 Md.
1	02-	NAME (Type) Russell B. Arnold, M.D. 1106 Spring St., Silver	
Q	23a	BURIAL CREMATION, 23b. OATE THEREOF REMOVAL (Specify) 4/29/66 Neelsville Ch. Cem. 23d. LOCATION (City, town or coun REMOVAL (Specify) Weelsville Md	
B	24	Robert A. Pumphrey Bethesda. Md. 25a. REC'D BY REGISTRAR 25b. RECISTRAR'S	
30	-	APR 29 1966 y Charles	Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 (1563!) MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 05642 **HEALTH DEPT** PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) ote Department of hours after death. MARYLAND OR JOWN (1 auts de corparate limits, wr le RURAL and give neorest town) b (ITY OF TOWN (1 outs de to porote limits, write RURA, and give nearest town? C LENGTH OF STAY IN D d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress) e IS RES DENCE ON A FARM? d STREET ADDRESS 'd 'pending' in pencil m Item 18 Give Pages 1, Chief Medical Examiner's Office along with farm YES NO V 3 NAME OF DECEASED First (Type or print) 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX HEVER MARRIED 7 MARRIED ost birthdoy) WIDOWED DIVORCED 11 BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 2 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Many God 13. FATHER S NAME 111-15021 or removol, and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address b≡ executed (Yes, no, or unknown) (If yes give wor or dotes of service) Richard T. Schriff 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Injuries, multiple. severe used as a burial-tra burial, cremation, Automobile accident (onditions, if any, which gave) rise to immediate couse (o), DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO please execute the certificate. 5 may be retained for your files.

O FUNERAL DIRECTOR: Page 3 should be to Health or its designated agent, prior to 200 EXTERNAL CAUSE WAS PRIMARY S or CONTR BUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of njury in Port I or Port II of Item 18) Driving her car + uns steuch by another at intersection. 20c TIME OF IN...IRY Month, Day, Year 230 Hour om 4/15 20e PLACE OF INJURY (Home, form, (City or town) 20d INJURY OCCURRED (Stote) foctory, street office bldg etc.) While of work Of work 1966 Rockville - Mont. 2). I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🔼 Inquiry 🗶 ond in my opinion Accident N Spicide deoth resulted from: Notural couses Homicide funeral directar Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER _ april 15/66 22. DATE SIGNED ACTUAL **SIGNATURE** John G. Ball 6936 Old George todays (sheet city, town, or county) **EXAMINER'S** NAME (Type) the 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Town) 230 BUR AL CREMATION. (Stote) BEMOVAL (Specify) Silver Spring, Gate of Heaven Cemetery 4/18/66 250 REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Tra. FUNERAL DIRECTOR Tyson Wheeler 1331 Rockville Dorske VR A15ME (5) Mearley Judge ockville. Maryland

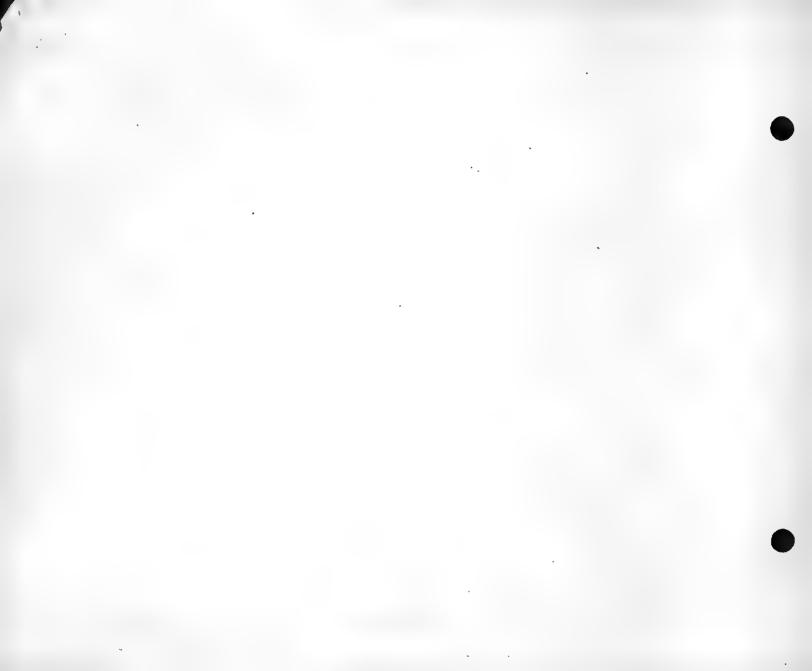


1 1		Division of STATISTICAL			PARTMENT OF HE W. PRESTON STRE		RYLAND 21201
FOR STATE		05643	MEDICAL	EXAMINER'S	CERTIFICATE O	F DEATH	0797.1
HEALTH DEPEN		PLACE OF DEATH O COUNTY			- STATE		titution: Residence befare admission)
y delay is ond 3 to PM3. Page ortment of ther death		Montgomery O (TY DR TDWN (T outside corparate limits, write RURAL and give nearest tawn)	c 1EN	MARYLAND GTH DE STAY IN 16	c CITY OR TOWN (If aut	ts de corparate l'mits, write	RURAL and give nearest town)
	-	Silver Spring. I. NAME OF HOSPITAL OR INSTITUTION (If not an h	aspital, give stre	8 years et address)	Silver S	pring	e S RESIDENCE DN A FARM?
th If Iges I h farm h farm hours	3	12114 Atherton Ct.		Middle	12114 At.		YES ND Day Year
after death if 68. Give Pages 1, along with farm with the State De within 72 hours		Type or print) George		yton	heaffer	OF DEATH	April 30 196
		M W	MARRIED 1	NEVER MARR FD E	5/2/12	9 AGE (In year last birthday 53 yr	r) Manths Days Haurs Min
24 nours in Item I r's Office	dur	USUAL OCCUPATION (Give kind af wark daneing mast of warking life, even if retired)	TOB KIND OF B	ardening,	11 BIRTHPLACE (State	or foreign country) New Jersey	12 CITIZEN OF WHAT COUNTRY?
Thin minei pog in a	13	FATHER'S NAME Lee H. Sheaffer	10	,	14. MOTHER'S MAIDEN N	TAME	
		WAS DECEASED EVER IN U.S. ARMED FOR CES? s, no, or unknown) ((If yes give war or dates of servi	16 SOCIAL S		INFORMANT DONG S		ddress Atherton Ct.
s certificate should be executed), writing the word "pending" in forworded to the Chief Medica: E. used as o buriol-transit permit F i burial, cremation, or removal, a		18 CAUSE OF DEATH (Enter only one cause per	216-46 r lipe for (a), (b).		*00000000000	000000 Si	interval Between
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) # 2 0 DUE TO	UCU	le Co	Conary	Insuff	Recedient AND DEATH
shou he wo to the buriol		Conditions, if any, which gave (b) tise to immediate cause (a).	Coro	mary l	litery (Jear	Jesociso,
certificate , writing the orworded is used as o burial, cre		iost (c)		U	0	Olympia a territoria del propertoria	19. WAS AUTOPSY
This certificate should cote, writing the word be forwarded to the Clbe used as a burial-trate burial, cremation,	FICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRI	BUING TO DEATE	H BUL NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART I(0)	PERFORMED? YES NO
	CERI	20a EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	20b DESCRIBE H	HOW INJURY OCCURRED	(Enter noture of anjury in F	Part For Part Fof Item 18)
EXAMINER: 1 cute the certifica age 4 should b your files. Page 3 should ed agent, prior	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour am			CE OF INJURY (Home, farm, tary street, office bldg , etc.)) (County) (Stote)
X + 5 5 1		21. I certify that I taak charge af	the remains o	described abave, he			nquiry and in my apinio
		death resulted from: Natural cau	Jses A	Accident [], Sun	cide [], Hamicide CHIEF MED CAL	EXAMINER	manner 22. DATE SIGNE
UTY Mory, ple nerol de ret be ret RAL De or its		SIGNATURE EXAMINER'S PORTER TO	000	and Mr	DEPUTY MED CA	I EXAMINER L	4-130/1966
o DEPUTY necessory, p the funeral 5 may be r 6 FUNERAL Health or it	230		4	NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City o	
7 + 50 +		REMOVALISPECTY) FUNERAL DIRECTOR FUNERAL DIRECTOR	6 Waz	tional Memo ADDRESS Georgia A	nc- nrcin		ch Virginia REGISTRAR S SIGNATURE
VR A15ME (5)	:te	away & Dumpray In	2 5454	yeargia n	MIC. DATE MA	NY 10 1966	judge Judge

10		1	Division of STATIS					PARTMENT OF HEALTH I W. PRESTON STREET, BAI	LTIMORE, MARYL	AND 2120	1	
1)		05644	ļ			CERTIFIC	ATE	OF DEATH			056	411
nours often	1	LACE OF DEATH COUNTY MOT CITY OR TOWN (I write RURAL eye	ntg omery f autside corporate simi alve neorest fown)	is,	ا د ا	MARYLAN ENGTH OF STAY IN T		2 USUAL RESIDENCE (Where dec o. STATE Maryland c CITY OR TOWN (If outside corp Gaithersbur	b. COUI	Montg	omery	
1	-		al or institution (if n					d STREET ADDRESS 212 N. Frede			e IS RE ON A YES	SIDENCE FARM?
		IAME OF DECEASED Type or pant)	Clar	ence		Middle Russ	-	DLA	тн 4-27	-66	1	
	_	ele	6. COLOR OR RACE White	7. MARRIED WIDOWED	ö	NEVER MARRIED [NB DIVORCED [8 DATE OF BIRTH 4-27-56	9 AGE (In years lost birthdoy)		oγs Hour	4
	ฮ์ชา	JSUAL OCCUPATION ng most of working FATHER'S NAME	(Give kind of work done life, even if retired)		NDUSTF	F BUSINESS OR		II BIRTHPLACE (County & Stote of Montgomery Co.		COLI	TEN OF WHAT	
		Claren				ifflett,J1			Marie Deav			
	(Ye		R IN J S ARMED FORCES? (If yes give wor or dates ATH (Enter only one co	of service)	Qual 14		17,	Newborn Record			INTERVAL E	DETAILE N
		Conditions, if ony, rise to immediat stoting the under last.	H WAS CAUSED BY. IMMEDIATE CAUSE O DUI which gave e couse (o), Ilying couse	(o) C 0 10 (b) A1 10 (c)	NGE	CTASIS		THORAX, LEFT.			ONSET AND	D DEATH
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	MEDICAL CERTIFI	(IF EITHER, NOTIFY 20c. TIME OF INJU	CAUSE OF DEATH MEDICAL EXAMINER) IRY Month, Doy, Yeor	20d.	INJURY	OCCURRED 20	e, PLA	(Enter nature of injury in Port I or CE OF INJURY (Home, form, 20	<u> </u>	(Coun	lγ)	(Stote)
	MED	Hour o.r p.r 21. I certi	fy that (I) (this ha		nded	Not While the deceased from	foct	t death occurred ob: 251	M, fram causes	and on the		(we) last ed above.
S.B. Snavid be nied with the State Dept. of Reduct prior to burid, demarkan, or removal, and in any event, within 72 hours	230	BURIA., CREMATIC REMOVAL (Specify FUNERAL DIRECTO	el apr 3	1 -		ADDRESS	Y OR	CREMAJORY 23d	ADCATIONACHY OF TO	wn) (ounty)	(Stole)

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1 4	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120)1
FOR STATE	05645 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05641
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my deloy is 2, ond 3 to PM3 Page portment of	b (ITY OR JOWN (if outside corparate limits, c. LENGTH OF STAY IN 1b c C TY OR TOWN (if autside corparate mits, write RURAL and give	neorest (Ovn)
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Pepe S of	d NAME OF HOSP TAL OR INSTITUTION (If not in hosp tol, give street oddress), q STREET ADDRESS,	e IS RESIDENCE ON A FARM?
oth If any delay is oges 1, 2, and 3 to ith form PM3 Page State Department of 2 hours after death.	Work, San, o Hope, 411 breenbrier Dru	~€ YES □ NO
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ive Five Figure Find Figure Fi	(Type or print) WHYREM DURDETTE STOOM DEATH TO DEATH	2) 1966
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	13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 12	(2/11
d within 2 in penul in Examiner' File pages ond in an	Only of Alanks Tawar Grad	Lewan
d wifi	15 AVAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT A ACCURATE A CONTRACTOR OF THE PROPERTY OF THE	
INER: This certificate should be executed within e certificate, writing the ward "pending" in pencil should be forwarded to the Chief Medical Examine files. 3 should be used a burial-tronsit permit File page int, prior to burial, cremation, or removar, and in a	(Yer, no, or unknown) (If yes give x pri or dates of service) 5-8-62-0015 / Astp: Recently Silver Sort	o tront
exec ndir Mec per emo	18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c)	NTERVAL BETWEEN
should be e te ward "per to the Chief ! burial-tronsit mation, or re	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Acute congestive heart failure	ONSET AND DEATH
ord e Cr	4 200 DUE TO	
sho e w urio	Conditions, if any, which gove (b) due to arterioscleratic heart disease.	
a b a b creen	stoting the underlying couse DUE TO	
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certific , writing orwarde used os burial,	FART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
his afte, ee fo	200 EXTERNAL CAUSE WAS 20b DESCRIRE HOW MARIEY OCCURRED (Enter not) se of purity in Port Lor Port II of item 18.)	YES NO
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lebral EX ease executivetor. Poge oined for yr RECTOR: Podesignated	21. I certify that I taak charge of the remains described above, held an Autopsy (), Inspection (), Inquiry () death resulted from: Natural couses (), Accident (), Suicide (), Hamicide (), Undefermined manner ()	and in my opin an
MEDICA please ex- director. etoined to DIRECTO s designal	CHIEF MEDICAL EXAMINER	
ple of direction its d	SIGNATURE SICHELLE SIGNATURE ASSISTANT MEDICAL EXAMINER [22. DATE SIGNEO
essory, p funeral soy be re JNERAL ith ar its	EXAMINER'S O SUPERINT AND SALEXANDER (4/20)	11911
O DEPUTY MEDICAL EXAM necessory, please execute the the funeral director. Page 4 5 may be retained for your 5 FUNERAL DIRECTOR: Page Health ar its designated age	NAME (Type) / DE / D	1 100
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VR A15ME (5)	The E. F. shray, J. Silver Spice, Md. DAAPR 25 1966 floorle	1 Judge
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05642 05646 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY 1 CLITGOL FRY HONTGO: FIRY MARYLAND b CITY OR TOWN (f outside carporate limits, write RURAL and give nearest town) c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 GATTHERS AURG IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS BOX 208 Rt. #2 SUBURBAN NO 🔀 YES 3. NAME OF Middle Last 4. DATE Month Year DECEASED GLADYS V. DEATH APRIL (Type or print) S SEX AGE (In years IF UNDER 1 YEAR LIFTINDER 24 HRS 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 7 MARRIED Months last birthdoy) WIDOWED DIVORCED FELLE NEGRO 1Do USJAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, at unknown) [If yes give war at dates of service] INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) OMSET AND DEATH PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (6)__ DUE TO 3 mos. Arterial nephrosclerosis Conditions, if only, which gave rise to immediate cause (a). DUE TO stoting the underlying couse has been 19. WAS AUTOPS PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) CERTIFICATION YES TOOK NO 20a ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 2Dd INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, affice bldg., etc.) Not While O FUNERAL DIRECTOR: After of wark L 1. 1900, that (I) (we) lost 21. I certify that (I) (this hospital) attended the decepsed fram. 19 VV. to saw the deceased alive on FRA 1900, and that death accurred at M. from Jauses and on the date stated above. 220 SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D PHYS 22c PHYSICIAN 22d/\ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE THEREOF Laytonsville. 4/21/66 Brooke Grove 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA	AND
4 7 7 4 N	05647 CERTIFICATE OF DEATH	543
fune 1 and	1. PLACE OF DEATH a. COUNTY A. COUNTY D. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b) 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence beautiful as STATE. b. COUNTY B. COUNTY MARYLAND C. CITY OR TOWN (if outside corporate limits, write RURAL and give	v Ves
24 hours after filled in by the papers. Page the papers. Page the papers.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street/address) d. STREET ADDRESS (e.	IS RESIDENCE ON A FARM?
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ted within completely recompletely recompletely recompletely recompletely recompletely return with	(Type or print) Charles Jeage DEATH ADM 19	19 66
execu and remoi	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In fears light birthday) Months Days 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN O	Hours Min.
ate be hysician please al, and i	during most of working life, even it retired), INDUSTRY Lefted from prospect (iv U. S. Gov't 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
ertific ling p Then emov	Philip Siegel Sarah Lazar	
eath ceath ceath ceath ceath ceath ceath ceath ceath ceath.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) NO 220-44-1599 Ben Siegel 3140 Wis., Ave., N.W.,	D. C.
requires that the death certificate be ding physician. been signed by the attending physician the burial-transit permit. Then please or to burial, cremation, or removal, and in		VAL BETWEEN F AND DEATH
ires tha physici 1 signec burial-tı burial,	Conditions, if any, which gave rise to immediate (b) Pulmonary edema	
requestrating specific to	cause (a), stating the DUE TD underlying cause last. (c) Myeloid metaplasia	
ATTENDING PHYSICIAN: The law requires that tretained by the hospital or attending physician. CTOR: After this certificate has been signed be should be detached for use as the burial-tranwith the State Dept. of Health prior to burial, creatify the State Dept.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES	WAS AUTOPSY PERFORMED? NO
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DING PHYSICII ed by the hosp After this cel id be detached e State Dept. o	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not While at work at work at work at work at work work.	(State)
ATTENDIN retained b coron. Att		t (I) (we) last stated above.
TO HOSPITAL OR ATTENDI Page 4 may be retained To FUNERAL DIRECTOR: A director, page 3 should should be filed with the	22a. SIGNATURE Noton Colombia M.D. ATTENDING MED. STAFF 22b. DATE SIGN M.D. PHYS. 1 DIRECTOR PHYS. 1 4-19-	
O HOSPITAL OR J Page 4 may be r o FUNERAL DIRE director, page 3 should be filed w	122c. PHYSICIAN'S NAME (Type) Morton Altschuler hil 9205- New Hay Am 5thag	Singh
TO H Pag TO FI dire shon	23a. BURIAL CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial 24c. Funeral Director ADDRESS 125a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA	(State)
VR AIS (4) 20M 1/65	Ifulally of Funeral Hart - 9 th ST. H. w. DAPR 22 1966 Charles Ju	ija_

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. 24 hours after death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by the District of Columbia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLANO C. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours Washington Bethesda .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) completely filled d. STREET AODRESS 6. IS RESIDENCE ON A FARM? The Westwood Nursing Home 3339 Reservoir Rd. YES NO 1 executed within carbon NAME OF 3. Middle Manth Year DECEASED SIMDSON (Type or print) DEATH 25 1966 and com AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS. 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO last birthday) Months any 1.02 Female WIOOWEO T Caucasian 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR physician en pleaseen 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT that the death certificate be during most of working life, even if retired) INOUSTRY COUNTRY? Housewife Home Washington TIS A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ed by the attending phy transit permit. Then p cremation, or removal, John T. Scrivener Margaret Tiernev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Glencrest La. (Yes, no, or unknown) 1(If yes give war or dates of service) Kensington, Md. no Simpson 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN After this certificate has been signed by the de detached for use as the burial-transit state Dept, of Health prior to burial, cremate ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) 200 OUE TO Conditions, If any, which gave rise to Immediate OUE TO cause (a), stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMEO? NO F 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of Item 18.) detached for the Dept. of 1 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. at work at work TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 3 21. I certify that (I) (this hospital) attended the deceased from 196 Q. to. 196 that (I) (we) last 1946 and that death occurred at 63 4.M. from the causes and on the date stated above. saw the deceased alive on 4 22a, SIGNATURE 22b. MED. OIRECTOR 22c. PHYSICIAN'S ACORESS NAME (Type) Geo. Muffman. M.D. 23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) Burial (Specify) Washington Registrar's Signature Creek Cemeterv 24. FUNERAL DIRECTOR REC'O BY REGISTRAR Jos. Gawler's Sons, Inc., Wash., D.C. VR A15 (4) 20M 1/65



d	1 \bigcirc		D	ivision of STATISI					PARTMENT OF H W. PRESTON STRI		E, MARYLAN	ID 21201	
*	(M)		0564	(2)			CERTIFIC	ATE	OF DEATH			U	5645
l	executed within 24 hours after death. The ampletely filled in by the funeral service carbon popers. Pages 1 and 3 any event, within 72 haurs after death		PLACE OF DEATH D. COUNTY	lontgomery			MARYLAN	ID.	2 USUAL RESIDENCE (o. STATE Distr	Where deceased hy	ed, if institution b county olumbia	Residence be	fore admission)
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	d in boers.		I. NAME OF HOSP.TAI	L OR INSTITUTION (IF no		give str	eet address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	rhin 7 y fille on pol vithin		NAME OF	laval Hospi			Middte		Lost	Ontario I 4 DATE	Month		YES NO X
	pletel carbo	S	PECEASED Type or poot) SEX	Will 6 COLOR OR RACE	iam 7 MARRIED		Alan NEVER MARRIED [SKEEN DATE OF BIRTH	OF DEATH 9 AGE	April	15 FUNDER 1 YEA	19 66 IR [IF UNDER 24 HRS.
	execu		Male	Cauc	WIDOWED		DIVORCED [Jan. 19, 1	883 8	birthday) M yrs.	Aonths Doy	
	cian mer eose remo	duri	ng most of warking lit U.S. Coas	(Give kind of work done fe, even if retired) t Guard		(IND OF NDUSTR)	BUSINESS OR		11. BIRTHPLACE (County Pennsylv:	ania	ountry)	12. CITIZEN COUNTR	USA
	if the death certificate be the attending physician sit permit. Then please mation, or movel, and i	13.	Edward	Skeen					Anna Ho				
	death rending mit. I	IS (Ye	s, na, ar unknawn) (IN LS ARMED FORCES? If yes give war or dates o -9-07 to 8	servitej _		SECURITY NO 50-6308		nformant rances H. N		hingwon, 353 Onta	,	
			1B. CAUSE OF DEA PART I DEATH 1201 Conditions, if any,	ATH (Enter any one cou I WAS CAUSED BY IMMEDIATE CAUSE DUE which gave	se per line fo (a)	n (a), (b Myo), ond (c)) cardial i	nfe					INTERVAL BETWEEN ONSET AND DEATH
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the haspital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burnal-transhould be file!! with the State pett. of Health prior to purior, creating the contraction of		rise to immediate stating the underl	ying cause DUE	TO (c)								
	The land of the has land of th	ATION		mia due to	infec	tio	n with E.	. Co					19 WAS AUTOPSY PERFORMED? YES NO 🔀
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	IG PHY the hor r this of detach	MEDICAL	Haur om. pm.	. 19	While at wo	e irk	Not While at work	facto	E OF INJURY (Home, farmary, street, affice bldg., etc.		y or town)	(County)	(,
	ATTENDING etoined by th CTOR: After t should be di		21. I certify saw the de	y that (H) (this has ceased, alive an A	pital) atter	nded tl	he deceased fro 1966 and	m_/ i thoi	April 10 , t death occurred at	19 <u>6</u> 9 to <u>1</u> 156A M, fro	april 15	2, 19 <u>60,</u> d on the c	al (we) (Ktaht evoda betots etab
	OR ATI		220. SIGNATURE	Source	M.			2.M	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATES April	15, 1966
	PITAL moy be ERAL D		22c. PHYSICIAN'S NAME (Type)	S. J	BARC	AY,	MD		22d ADDRESS U.S. N.	aval Hos	pital, I	Bethes	da, Md.
	O HOSPITAL Poge 4 moy O FUNERAL director, pag should be fi	230	BURIAL CREMATION REMOVAL (Specify) Burial	N, 23b, DATE THI		1	. NAME OF CEMETER Arlington				N (City or Town)		., ,
	VR A15 (4) 20 M 1/66	24	FUNERAL DIRECTOR	Hines Fur	eral I	TOME			ational Cem				



1 (A	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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after death. the funeral ges 1 and 2 after death.	-	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
ifter the 1	-	MARYLAND MARYLAND
Pag Pag		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town) AS A NOTON OR TOWN (If outside corporate limits, write RURAL and give nearest town)
24 hours filled in by papers. Pa	-	d. NAME OF HOSVITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS ON A FARM?
the betweented within 24 hours after ystering and completely filled in by the please remove carbon papers. Pages 1, and in any event, within 72 hours after		ENSINGTON GARDENS DANITARIUM QUO / COMNEC/ICU/ HYE YES NO
ecuted withing and completely move carbon any event, with		A. NAME OF DECEASED (Type or print) - AMES R Middle Last KINKEN 4. DATE Month Day Year OF DEATH ASI 2 1966
rted comp ve ca	-	SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE ON YEAR IFUNDER 1 YEAR IFUNDER 24 HRS.
any ect		I'IH/E //// / E WIDOWED DIVORCED JEW/ 8 /887 WYS.
g 88 g		Oa. USUAL OCCUPATION (Give kind of work done luring most of working life, even if retired) 10b. KIND OF BUSINESS OR LINDUSTRY 11b. BIRTHPLACE (Count) & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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cartificate nding physical plen plen plen removal, s	_	VIIIAM VINTER ALICE TRAKRETT
law requires that the death cartificate bettending physician. has been signed by the attending physician as the burial-transit permit. Then please prior to burlal, cremation, or removal, and in		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, 110, or unknown) (If yes give war or dates of service) Address MRS. DORIS S GLL. 5031-ALLAN RD. WASH. DC (16)
the ation	=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
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SIAN: The la spital or att entificate h ed for use of Health p.	^	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CONDITIONS CONTRIBUTIONS CONTRIB
ICIAN: The ospital or a certificate hed for use to the talk		CORRED CONTRIBUTION OF LOS
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	61	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, learn, l
ODING led by After lid be State		21. I certify that (1) Whis pospital) at work 1 at work 2 1966, that (1) (we) last
L OR ATTENDING P y be retained by t DIRECTOR: After age 3 should be d iled with the State		saw the deceased alive on 1966, and that death occurred at 42 M, from the causes and on the date stated above.
DIRE 3		M.D. ATTENDING MED. DIRECTOR DIRECTOR PHYS. DIRECTOR PHYS.
YTAL May RAL of fi	,	22c. PHYSICIAN'S NAME (Type)
TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR. After director, page 3 should be should be filed with the Stat	2	16.10021019
To Diple		Cremation 4-5-1966 Cedar Hill Grematory Suitland Ma
VD BIE (4) Y	PE	24. FUNERAL DIRECTOR ADDRESS 258. REGISTRAR 258. REGISTRAR'S SIGNATURE
VR A15 (4)	3 5	130 Wisc. Ave. N. W. Wash. D.C.



16	MARYLAND STATE DEPARTMENT OF HEALTH	A
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M/OSOS (CERTIFICATE OF DEATH	ARYLAND 5645
24 hours after death filled in by the funeral apers. Pages 1 and 2 n 72 hours after death	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Res a. STATE / PRY LANCE DOUNTY	sidence before admission)
rs after by the Pages 1 irs after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	and give nearest town)
hours and in by s. Page hours.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
	WASH. SANIT HESD	ON A FARM? YES NO S
executed within and completely canove carbon is any event, with	3. NAME OF DECEASED First Middle Last 4. DATE Month OF	Day Year
ocomply we car we car event,	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER I	27 1966 YEAR IF UNDER 24 HRS
execu	PALE WINTER WIDOWED DIVORCED 6-2-88 77 yrs.	Duys Hours Min.
and The be		JNTRY?
fficate g phy en pl oval,	13. FATHER'S NAME	2 , / .7 ,
death certificate e attending physis permit. Then pla- tion, or removal, a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
death e ne atter permit. tion, or	(Yes, no, or finkown) (If yes give war or dates of service) HOSPITAL RECORDS	
he he sit	18. CAUSE OF DEATH LEnter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Conceptual former (a) Conceptual former (a)	ONSET AND DEATH
s that ysicia gned rial-tra	+ 93 X DUE TO D.	o corys
quires the physic central signification of the physical to burial to burial.	Conditions, If any, which gave rise to Immediate Course (a) extens the DUE TO	16 days
aw re tendii nas be as th prior	underlying cause last. (c)	· · · · · · · · · · · · · · · · · · ·
4. The law requires that the tall or attending physician. Fificate has been signed by the for use as the burial transit. Health prior to burial, cremain	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO W
_ 0 = 0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 203. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW JUJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)	1.60
PHYSICIAN: the hospita this certifi detached fo e Dept. of H		ty) (State)
a	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) County	
rendi ained or: A nould	21. I certify that (I) (this hospital) attended the deceased from Light 19. 1966, to Light 27, 1966 saw the deceased alive on Light 126 1966, and that death occurred at 8 mm, from the causes and on the	, that (I) (we) last
HOSPITAL OR ATTENDING Page 4 may be retained by FUNERAL DIRECTOR. After director, page 3 should be should be filed with the Stat	22a. SIGNATURE 22b. DAT	TE SIGNED
PITAL OR 4 may be ERAL DIR or, page be filed	22c. PHYSICIAN'S	27-66
O HOSPITAL Page 4 may O FUNERAL director, pa	NAME (Type) EINO MAGI 831 Club. Blod. E. Silver	pring, hed =
TO HOS Page TO FUN direct should	23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CITY, town or count SEMPLY) 4-30-66 MONTLAWN CEMETERY RALEIGH. NOR!	TH CAROLING
MD 115 11	24. FUNERAL OIRECTOR AODRESS 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
VR ≱I5 (4) 20M 1/65	JOSEPH GIRVUERS SONS, INC., WITSH., D.C. DAMAY 2 1958 HUMAN	2 June

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05652 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours after death. funeral 1 one 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission I. PLACE OF DEATH b. COUNTY o at GO " Dry o. COUNTY * MARY! AND c LENGTH OF STAY IN 16 (f outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURA, and give nearest town) Si ver Spring wn 1tha 1104 filled in I d STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street/address) 81103 Dixo Augres YES NO P NAME OF Middle 4. DATE Month Dov Year DECEASED OF a 1960 8 DEATH (Type or print) IF UNDER 1 YEAR S SEX DATE OF BIRTH 1F UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthdovi Months lilhito Dovs Rours Famale DIVORCED and in ony WIDOWED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUA, OCCUPAT ON (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) dyring most of working life, even if retired) INDUSTRY COUNTRY? Na1 10 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremotion, or removal, Mary P. Wiggin Austin Johnson 2493 Dixon Avenue 17 INFORMANT IS WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) 1s Priscilla Loud INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line fog (e), (b), and (ε) signed by the buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. **DUF TO** buriol Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse peen as the Drior to WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OFFEN IN PART 1(0) this certificate hos use 3 should be detached far use with the State Dept. of Heolth NO X YES 🗆 O HOSPITAL OR ATTENDING PHYSICIAN: 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18) 20g ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE_OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INSURY Month, Day, Year Not While factory street, office bldg., etc.) Hour om. at work 21. I certify that (1) (this haspital) attended the decement from .ta SHEAM, fram causes and an the date stated above , and that death accurred at saw the deceased alive an DIRECTOR: 220. SIGNARD ATTENDING DIRECTOR elle M.D PHYS. 22d ADDRESS 22c. PHYSICIAN'S FUNERAL Thibadeas Saviora Rida Kensington. Pobert NAME (Type) director, p 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. (County) (State) REMOVAL (Specify) Hi stos Pest Tood Cometery 2 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DARPR 20 M 1/66 "er JAMA. "Cu.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05653CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) .. New Jersey a. COUNTY Montgomery **b** COUNTY MARYLAND ero b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Haddonfield d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 107 Walnut St. Silver Springs, Nursing YES 🔲 NO 📝 NAME OF 4. DATE Magth Dan Year DECEASED H. Smith DEATH 196 (Type or print) Mae 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years HE UNDER 1 YEAR IF UNDER 24 HRS 5. SEX lost birthdoy) Months Doys March 24, 1890 WIDOWED # DIVORCED [76 сотрве Teme 10 White
100 USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? School Teacher Retired U. S. A. Ohio 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ann Westerman Aronol Hirst Add Chevy Leland INFORMANT S. ARMED FORCES? 16. SOCIAL SECURITY NO no Smith INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (o 1508 DUE TO Canditions, if any, which gave rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? YES NO T 20%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) MEDICA 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. Not while at work of work - 1944hat I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 1130 M, from the causes and an the date stated above alive an ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (State) Haddonfi eld. N. Baptist Cemetery 0 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15 [4] 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH 05654OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, finstitution Residence before admission) 1. PLACE OF DEATH o. STATE South Carolina b. COUNTY o. COUNTY Montgomery MARYLAND b CITY OR TOWN (If outside corporate imits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda 23 Days Beaufort IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS .⊑ U.S. Naval Hospital. Bethesda. Md. 501 Craven Street YES NO T 3. NAME OF Middle Lost 4. DATE Month Dov Уеаг DECEASED Robert Lewis SMITTH DEATH (Type or print) 9 AGE (In years TF JNDER I YEAR 6. COLOR OR RACE B. DATE OF BIRTH S SEX 7. MARRIED X NEVER MARRIED lost birthdoy) Months DIVORCED WIDOWED Cauc Male 1 April 1919 12 CIT.ZEN OF WHAT 11. BIRTHPLACE (County & State or foreign country) 10n 1.S.IAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? during most of working life, even if refired)
Retired INDUSTRY physician ien please Kansas City, Mossouri **U**SA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remaya Herbert Alexander Smith Alvina Mary Purtee 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT 501 Craven Street (Yes, no, or unknown) (If yes a ye war or dates of service) UNKNOWN Mrs. Amie E. Smith Beaufort, South Caroline YES INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Carcinoma. Left Lung 163X DUE TO Conditions, if only, which gove rise to immediate cause (o). DUE TO stoting the underlying couse ficate has been the 9 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? far use Health YES K NO 20g ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) TO FUNERAL DIRECTOR: After this certif (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg , etc.) Not While of work at work 21. I ceftify that (1) (this hospital) attended the deceased fram 30 Larch 19 66 to 22 April 1966, that (I) (we) las saw the deceased alive an 22 April 19 66, and that death accurred av: 45A M, from causes and an the date stated above 22b. DATE SIGNED 220 SIGNATURE **ATTENDING** STAFF PHYS 22 April 1966 M.D. PHYS director, page should be filed 22d. ADDRESS O HOSPITAL MAMA (Type) U.S. Naval Hospital Bethesda Maryland lonald K. RODDER 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23o. BURIAL, CREMATION, Burial 966 National Cemetery Beaufort 24. FUNERAL DIRECTOR 1400 Chapin Street N.W.. VR A15 (4) W.W. CHAMBERS CO. Washington, D.C. 20 M 1/66

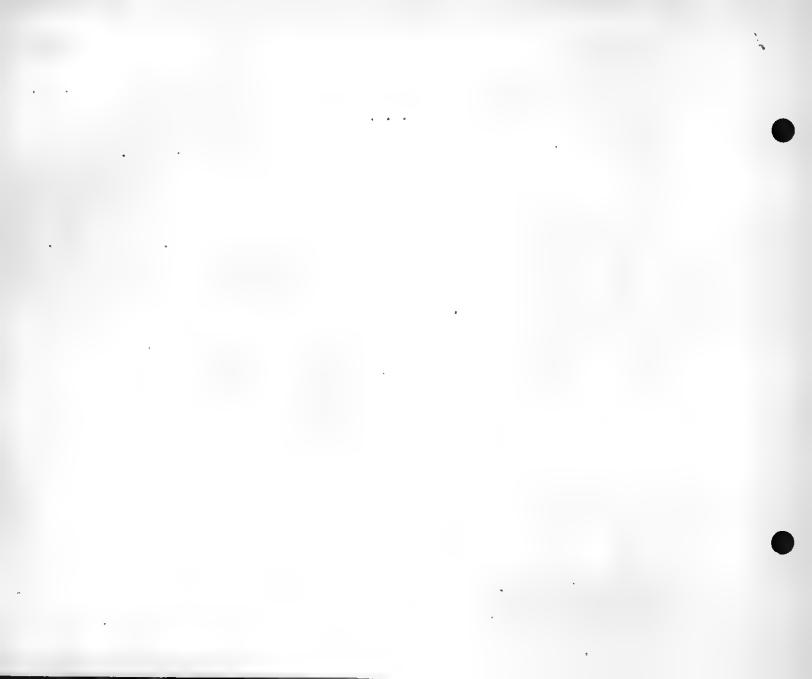
* }-.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05655 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05651 FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) lontgonnery o COUNTY P.M.3. Poge b COUNTY 0 delay b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate imits write RuRAL and give nearest town) and offe finot in bospital, give street address) form ON A FARM? 8. Give Pages YES NO X ō after death e Star alang with NAME OF Dev Year DECEASED Snow. mond. 1966 (Type or print) DEATH AGE (In years lost birthdoy) 7 MARRIED KI W WIT Months Dovs Hours WIDOWED event and 100 USUAL OCCUPATION (Give kind of work done 11 B RTHPLACE (State or foreign count) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) Colorado in ony Ξ Examiner's pages Mechanic penc 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ruth Oates guq WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANI be executed 16 SOCIAL SECURITY NO permit Onez Hobbs Snow 17710 Striley Lane, S.S. Md. removal 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN Shot. Wound. of-Head burial-transit PART I DEATH WAS CAUSED BY ъ IMMEDIATE CAUSE (o) word This certificate shauld crematian, DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), farwarded to DUE TO stating the underlying couse last. burial, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) WAS AUTOPS CERTIFICATION PERFORMED? NO X agent, prior to 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of mury in Port or Port It of Item 18.) shauld PRIMARY LOT CONTRIBUTING 22Col. **EXAMINER:** 4. in-CAUSE OF DEATH MEDICAL 20c TIME OF IN. JRY Month, Day, Year 20e PLACE OF INJURY (Home, form. (City or town) factory street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page While. Silver SFring Mont. at work please execute its designated 21. I certify that I taak charge of the remains described above, held on Autopsy Inspection 🔀 Inquiry 🔀 and in my apinion Suicide X Hamicide the funeral directar. death resulted fram: Natural causes Accident Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASS STANT MEDICAL EXAMINER **SIGNATURE** TO DEPUTY P DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 10 FUNE FOUNE Health NAME (Type Address (Street, city, town, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BERIAL, CREMATION 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Burial . Colesville April 20, 66 Maryland REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 25b REGISTRAR S VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05656MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) COUNTY o STATE b COUNTY 3 to Page Montgomery 5 death MARYLAND Mont. Co. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (I outside corporate limits, C. ENGTH OF STAY IN ID and write RLRAL and trive mearest town) D.O.A. Rockville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? hours Office along with farm in pencil in Item 18. Give Poges 1, Suburban 5714-Ridgeway NO I aţe ofter death 3 NAME OF Fist M-ddle 4 DATE Lost Dov Year 12 DECEASED the Lilliann 66 within 19 (Type or print) Loraine DFATH Snyder 9 AGE (In year S SEX 6 COLOR OR RACE NDER TYEAR IF UNDER 24 HRS 8 DATE OF BIRTH 7 MARRIED NEVER MARR ED lost a rihdoy) Hours female white Pays hours WIDOWED D VORCED event 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 2 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Morefield. W. Va. S. d "pending" in pencil in Chief Medica: Exominer's Waitress 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within Marie Runner Eugene Kepner 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) or removal, Hospital Records Unknown 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute fatty metamorphosis with cirrhosis, liver IMMEDIATE CAUSE (o) _ years ward burial, crematian, DUE TO Conditions, if only, which gove due to acute and chronic alcoholism years writing the rise to immediate couse (a), DUE TO stating the underlying couse 9 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G YEN IN PART 1(a) 19 WAS AUTOPS) PERFORMED? please execute the certificate, YES X NO its designoted agent, prior to 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port vior Port II of item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH 20c TIME OF IN. JRY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) foctory, street, office bldg , etc.) Not While of work FUNERAL DIRECTOR: Page ot work 21 I certify that I took charge of the remains described above, held an Autopsy 📉 inspection 🔼 Inquiry X1. for ond in my opinton the fureral director. Noturol couses \(\nabla \). Accident \(\nabla \). death resulted from. Suicide . Homicide Undetermined monner may be retained CHIEF MEDICAL EXAMINER **ACTUAL** my Boll 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 may be r TO FUNERAL Health or it DEPUTY MEDICAL EXAMINER **EXAMINER'S** G. BALL JOHN Bethesda. Md. Address (Street, city, town, or county) NAME (Type) 230 BUR AL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) 23d LOCATION (City or Town) urial-transit Cumberland, Maryland Hillcrest Burial Park, 4-11-66 250 REC D BY REGISTRAR 24 FUNERAL DIRECTOR ADDRESS VR A15ME (S) PUMPHREY Bethesda, Maryland



	DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORD CERTIFICA	TE OF DEATH
1. PLACE OF DEATH o. COUNTY MARYLAND b. CITY OR TOWN (if outs de corporeta limits, c. LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission e. STATE b. COUNTY Maryland Prince Georges c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
write RURAL and give nearest town) Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (if not fin hospital, give street address)	Adelphi d. Street Address o is residence on a farmi
Washington Sanitarium & Hospital 3. NAME OF DECEASED (Type or print) FLERENCE (Type or print)	10410 Glenmore Drive Last 4. DATE Month Spench Death April 17 1966
female white widowed by Divorced 100. USUAL OCCUPATION (Give kind of work 110h KIND OF SISSINESS OR INDUSTRE	1. DATE OF BIRTH 1. DATE OF B
done during most of working life, even if relired) Homemaker 13. FATHER'S NAME	New York 14. MOTHER'S MAIDEN NAME
Jonah Hotchkiss 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (lifyesgive wer or detes of service) 16. SOCIAL SECURITY NO. 17. II 18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and (c).	orence S. Bright-Adelphi Md. Dr.
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediata cause (e), stating the underlying ceusa lest, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	Trelated to the terminal disease condition given in part 1(0) 19. Was autopsy performed.
206. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER; 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	D. (Enter nature of injury in Part II or Part II of item 18.) ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stele) tory, streel, office bldg., etc.)
220. SIGNATURE	death occurred at 2.7M, from the causes and on the date stated above ATTENDING PHYS. MED. STAFF SIGNE 4-(8-66
22c. PHYSICIAN'S NAME (Type) ROBERTB, IREY 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 1/19/66 Ft. Lincoln	D
	not on ADS. Rec'd By Registrar 256, Registrar's Signature A. DAEPR 2 1 1966 Albanda Judge

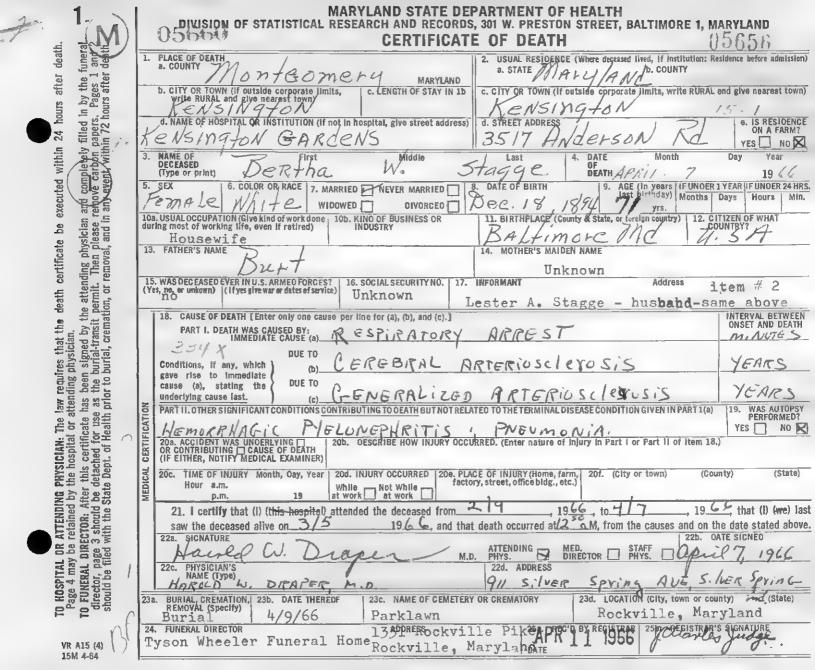


<i>↑</i> -	MARYLAND STATE DEPARTMENT OF HEALTH
21 21	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATES	05656 Itemmedical examiner's certificate of death 05654
HEALTH DEPTE	1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission)
ay is 3 to Page	Montgomery Maryland Maryland MONTGOMERY
de ay and 3 A3 Pa iment	b CITY OR TOWN (If auts de corparate limits, CENGTH OF STAY IN 1b C CITY OR TOWN (If auts de corparate limits write RURAL and give negrest fawn)
y de ay is y and 3 to PM3 Page artment of frer death	to Koma PORK 5 hrs 38 min Silver Spring
	d NAME OF HOSPITAL OR INSTITUTION (If not in basoital give street address) d STREET ADDRESS C IS RESIDENCE
offer death. If Jiny deay is 8. Give Pages. 1, 2, and 3 the glang with farm. PM3. Page with the State Department of within 72 haurs after death	Washington Socitorium & Hospital 579 University Blod E YES NO R
ter death 1 Give Pages ang with far th the State	3 NAME OF Frst Lewis Middle Last 4 DATE Manth Day Year
ve F y will y will the	(Type or print) EditH 10000 100000 SPRAGE DEATH 4- 25 1966
affer de Give alang werth the werthin	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARR ED 7 8 DATE OF BIRTH 9 AGE (n years FUNDER 1 YEAR IF UNDER 24 HRS
N	Lengle Write WIDOWED DIVORCED DIVORCED DIVORCED 1 Some 21-96 1981 birthday) Months Days Hours Min
hours Hite	100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 B RTHPLACE (State or fare gn country) 12 CT ZEN OF WHAT
er's Per's P	during most of working lite, even it retired) NOUNTRY? LOUNTRY? COUNTRY? CLS.A
hin 24 nct in niner's poges in any	13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME
I with n pen Exam File p	Woodkutt Shaller Elizabeth Force
ed wi in pe I Exai . File	IS. WAS DECEASED EVER IN US ARMED FORCES? 11 1 16 SOCIAL SECURITY NO. 17. INFORMANT 4
INER: This certificate shauld be executed within 24 haurs after death to certificate, writing the ward "pending" in pence in Item 18 Give Page should be farwarded to the Chief Medical Examiner's affice along with Itles 3 shauld be used as a burial-transit permit. File pages Tand 2 with the States int, priar to burial, cremotian, ar remaval, and in any event within 72 h	(Yes, no, or unknown) (If yes give wor or dotes of service) None Harold D. Spraga 579 University Blud.
mdii Me Perme	18 CAUSE OF DEATH (Enter only one couse per lipe for (a), (b), and (c))
be "pe "ipe "inef unief an r	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Carlier awaythmia (ventuella and DEATH
Eld Part Fit	4331 DUE TO 110 100 100 100 100 100 100 100 100 10
sha.	Conditions, if any, which gave rise to immediate couse (a). (b) Hebrellateon with According Cardiac
te the date date date date date date date dat	stating the underlying cause DUE TO
MINER: This certificate shauld the certificate, writing the ward 4 should be farwarded to the Christiles a Shauld be used as a burial-tragent, priar ta burial, cremotian,	(ast) (a) Clarest; arterioscherosia ablilleans
certifice, writing farwarde used as burial, (PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
this a cate, are fare to be u	E Vilabeles Mellilus. YES NO 18
<u> </u>	PERFORMED? 20a EXTERNAL CAUSE WAS PRIMARY COCCURRED (Enter nature of injury in Part II of item 18) CAUSE OF DEATH
MEDICAL EXAMINER: Tiplease execute the certifical director. Page 4 should by etained for your files. DIRECTOR: Page 3 should I start of the start o	CAUSE OF DEATH
AIN he sh	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame farm, Haur a.m. 20f (City ar town) (County) (State)
XAN te t ye 4 yauri age	While not work to to trory, street, orrice diag., etc.)
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G 5 € 5 € 6 € 6 € 6 € 6 € 6 € 6 € 6 € 6 €	death resulted from Natural causes 💢 Accident 🛴 Suicide 🔲, Hamicide 🔲, Undetermined manner 🗋
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A garage V	SIGNATURE ASSISTANT MEDICAL EXAMINER L.
TO DEPUTY MEDICAL EXAMII necessary, please execute the the funeral director. Page 4 si 5 may be retained for your fi 70 FUNERAL DIRECTOR: Page 3 Health or its designated agen	EXAMINER'S BELDEN R. READ N.D. AND MEDICAL EXAMINER & 425-11966
Cess may FUN	230 BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or 18wn) (County) (State)
5 ± 2 5 ±	Burial 27 April 1966 Parklawn Cemetery Rockville, Maryland
M	24 FUNERAL DIRECTOR Silva Cartar 8434 ADDRESS APORTO BY REGISTRAP C 256 OCCUPANTAL VILLAGE
VR A15ME (5) -1 6M 1/66	Warner E. Pumphrey. Inc. Silver Spring, Md. DATE 1966 Milanes July
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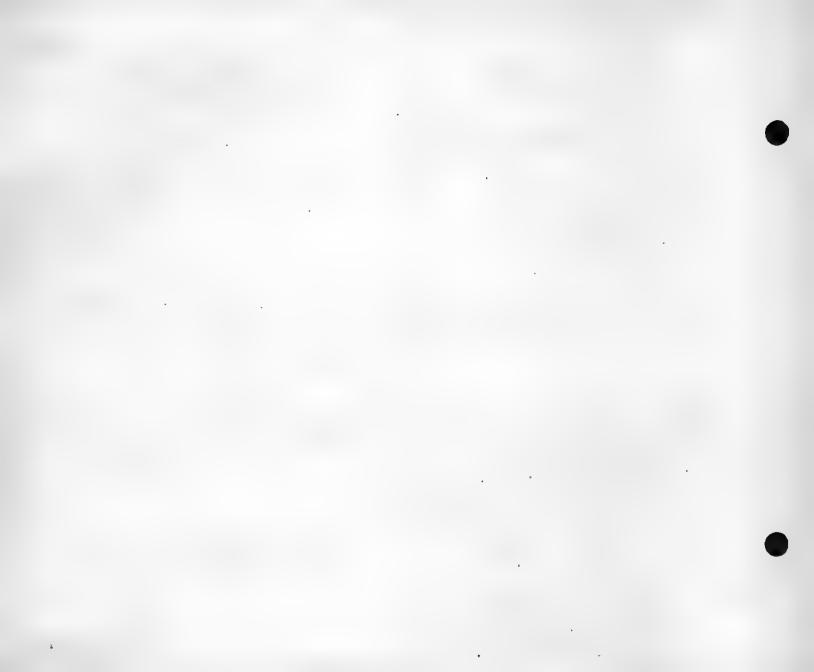
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05659 CERTIFICATE OF DEATH **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. funeral 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Montgomery District of Columbia MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town). c. CITY OR TOWN (If autside carparate limits, write RURA), and give negrest town) L LENGTH OF STAY IN 15 Washington davs Bethesda d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? papers In 72 I U. S. Naval Hospital 4471 MacArthur Blvd. YES ☐ NO 🔀 NAME OF 4. DATE Lost Month Dov Year DECEASED OF DEATH Barbara Jean SPRINGER April 1966 en; (Type ar print) 9. AGE (In years JE UNDER 1 YEAR TIE UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Doys Hours Cauc Female. WIDOWED DIVORCED April 3, 1966 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working Jife, even if retired) INDUSTRY **COUNTRY?** Bethesda, Maryland U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Franklin S. Springer Lucy Anne Lauermann Address Washington, D. C IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT N. W. (Yes, no, or unknown) (If yes give war or dates of service) NONE Franklin S. Springer 4471 MacArthur Blvd. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY. Anencephaly IMMEDIATE CAUSE (o). 750 X DUF TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Nat While at work at wark 21. I certify that (1) (this hospital) attended the deceased from April 3 , 19 66, to April 8 , 19 66 that (1) (we) los saw the deceased olive on April 6) 19 65, and that death accurred at 940 M, fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR M.D. 22d. ADDRESS PHYSICIAN'S NAME (Type) J. I. Lybch LCDR MC USN U.S. Naval Hospital Bethesda. Maryland 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23b DATE THEREOF, (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial 66 rlington National Cemetery Arlington, Virgi Chambers & PRESS 24 FUNERAL DIRECTOR VR A15 (4) Milanley Judge 1400 Chapin St., N. W., Washington, D. C. 20 M 1/66



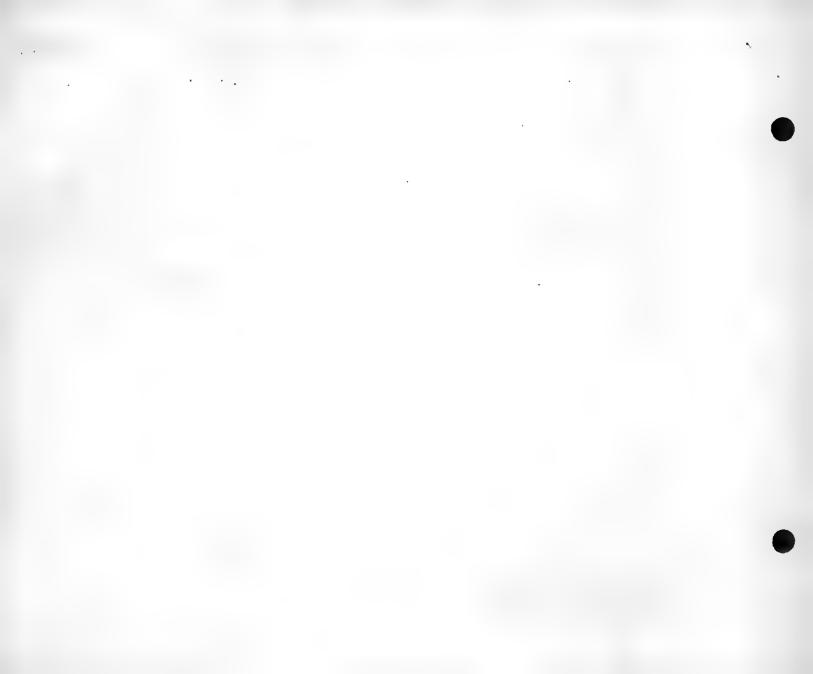




V 1 11		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N	ΙΔΡΥΙ ΔΝΟ
A BRE		05664 CERTIFICATE OF DEATH	05657
hours after death d in by the funera rs. Pages 1 and 2 hours after death	1.	PLACE OF DEATH a. COUNTY SXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	esidence before admission)
after ges after	1	MARYLAND C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MRYLAND C. CITY OR TOWN (if outside corporate limits, write RURAL write RURAL and give nearest town)	
in by the same of		Silver Spring 8 yrs. Silver Spring	/ /
filled in 72 ho		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
2 5 5		13801 Marianna Drive 13801 Marianna Dr.	YES NO X
completely ove carbon eventuals	3.	NAME OF DECEASED (Type or print) William Lety Stanton DEATH L	Day Year 17 19 66
comp	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years FUNDER	1 YEAR IF UNDER 24 HRS.
executer and corremove n any even		WIDOWED DIVORCED Oct. 25, 1917 48 yrs.	Days Hours Min.
ian din	dug	Ing most of working life, even if retired) INDUSTRY A/	DUNTRY?
ite I lysic plea plea l, an		Inspatche* (Imerican Oil Co. Norgole, Miguita U.	3.
iffica g ph nen noval	13.	Villiam Stantor, Sr. 14. MOTHER'S MAIDEN NAME Marrie B. Kitzmiller	
ren Ten	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT . 2. Address//	<u> </u>
O HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with	(Yi	es, no, or unknown) (If yes give war or dates of service) 216-16-0195 Mrs. Ottie S. Starter Silver Spri	ing, Md.
he he can with the mating		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
lat tall tall tall tall tall tall tall		PART I. DEATH WAS CAUSED BY: Arterioscleratic Heart Disease	2 yrs
ires that physical signer purial-to burial-to burial-to burial-to burial-to burial-to burial, to Ally		Conditions, If any, which) DUE TO Coronous Guttriosclerosis	indeterminate
requires ding phy been sig the buri or to buri	2	gave rise to immediate	1770271102
aw requi		cause (a), stating the DUE IO underlying cause last. (c)	
atte atte	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Heart and A	TCA.		YES NO F
TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the hospital or attento FUNERAL DIRECTOR. After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior the should be filed with the State Dept.	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER))
HYSI this etac Dep	CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)
by the tate date	MEDICAL	Hour a.m. p.m. While Not While factory, street, office bldg., etc.) at work at work	
NDIN Sed A			5, that (I) (we) last
A ATTENDIA P. retained RECTOR. At 3 should with the S		saw the deceased alive on Gct 15, 19.65, and that death occurred at 4 c M, from the causes and on the	
DR A Be r d wild will will will will will will wi		ATTEMPING MED STAFE	ATE SIGNED
AL DAS PASS		22c. PHYSICIAN'S 22d. ADDRESS	1 1 10 6
SPIT SPIT NER Hery Id be		NAME (Type) Maurice Franks 1330 N.H. Que, L.W. Wash 6, 5	PC 20036
Page Page Fallined	238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or counterproved (Specify)	unty) (State)
71 01 03 8	_	Biria! 21 April 1956 Arlington National Cem. 1 Arlington, Va.	0.00117117
ND ASE (A)	24	Extendentes 8434 Georgia Tue me	
VR A15 (4) 15M 4-64	1	Varner E. Primphrey, J. ac. Silver Spring, Md. DATAPR 22 1966 Charl	o Judge



L	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	1
FOR STATE VI	05662 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05658
ort ment of ther death	Description of the property of	ntaomerv
th If cary ges 1, 2, 1 form P ote Depo	d NAME OF HOSPITAL OR INSTITUTION (What in hospita, give street address) d STREET ADDRESS 1005 Que bec Terrace	e is residence on a farm? yes No X
thin 24 hours ofter death If any delay is neal in the TB Give Pages 1, 2, and 3 to niner's Office and with form PM3. Page pages land 2 with the State Department of in any event within 72 hours after death	TEMULE IN NITE WIDOWED I DIVORCED IN UNIVIS, 1131 34 vis 1 41.	Day Year 19 06 TEAR IF UNDER 24 HRS Days Hours Min EN OF WHAT ITRY? 4 S. A.
This certificate should be executed within 24 hisology, writing the word "pending" in pencil in the forwarded to the Chief Medical Examiner's Old be used as a buriol-transit permit file pages lawer to burial, cremotion, or removal, and in any exercise.	Floyd V. Kirchman IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No INCOMPANY INFORMANY INFOR	C Terr. ing Md. INTERVAL BETWEEN ONSET AND DEATH
This certificote sha icote, writing the v be forwarded to the I be used as a buri r to burial, cremot	Conditions, if any, which gave is a immediate cause (a), stating the underlying cause (b). PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a).	19 WAS AUTOPSY PERFORMED? YES NO
me certification of the certif	20g. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20g. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II of Item 1B.) 20c Time OF INJURY Manth, Day, Year Hour a.m. p.m. 19 20c Time OF INJURY Manth, Day, Year And the primary of the primary	
MEMONIAL please execution of a director. Pretoined for pretoined for the control of the control	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X Inquiry X, death resulted from. Natural causes X, Accident \(\), Suicide \(\), Homicide \(\), Undetermined manner \(\) ACTUAL SIGNATURE \(\) EXAMINER'S \(\) ACTUAL SIGNATURE \(\) EXAMINER'S \(\) ACTUAL STATE OF THE PROPRIES AND ASSISTANT MEDICAL EXAMINER \(\) DEPUTY MEDICAL EXAMINER \(\) DEPUTY MEDICAL EXAMINER \(\) ACTUAL STATE OF THE PROPRIES AND ASSISTANT MEDICAL EXAMINER \(\) DEPUTY MEDICAL EXAMINER \(\) ACTUAL STATE OF THE PROPRIES AND ASSISTANT MEDICAL EXAMINER \(\) DEPUTY MEDICAL EXAMINER \(\)	22. DATE SIGNED
TO DEPUTY necessory, the funeral 5 may be a TO FUNERAL Health or i	NAME (Type) BELDETY TO THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d LOCATON (City or Town) (City BUTAL Agenty) 4/29/66 Parklawn Cemetery Rockville, Mar	ounty) (State) yland
VR A15ME (5)	24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR S 5.64 ROBERT A. Pumphrey Bethesda, Md.	Judge.



	1/		MARYLAND STATE DEPARTMENT OF HEALTH	
	Ę	Vi	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A	MARYLAND
هر	705		05663 CERTIFICATE OF DEATH	05659
#	funeral		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution Res. COUNTY	esidence before adm 15jon)
urs	5 C 下 4 M		MARYLAND STATE b. COUNTY	✓
온	t the	17	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	give necrest town)
24	s la	Fa.	Silver Spring Baltimore	
	age s	7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
3-4	sty Fa	200	415 Burnt Mills Avenue 1330 Church Hill Drive	YES NO
o de la	papers.	63	3. NAME OF DECEASED And DECEASED Lost A. DATE Month	Day Year
Xe	or C	10	(Type or print) SOMUEL LOUIS SWERDLEN DEATH 4	3 1966
90	rbo N	-100	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers If UNDER 1 last birthday) Months E	YEAR IF UNDER 24 HRS.
2/	ant,	16	Male White WIDOWED [X DIVORCED] 1888 77 yrs.	
		60 11	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITI.	ZEN OF WHAT COUNTRY?
-	red any	100		LISA
t c	asse in	8 ,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
.6	and n	O I	Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address	
ŧ	atte Thei Val _k	6,	(Yes, na, ar unkown) (Ifyesgivewerordatesofservice)	
fat "	the	34	Yes W.W. I Army Yes Mr. Robert B. Swerdlin 1330 Ch	urch Hille Dr.
res	by a	00%	PART I, DEATH WAS CAUSED BY: PART I, DEATH Y FAILURG	ONSET AND DEATH
equi ohys	sit p	V	IMMEDIATE CAUSE (a)	
¥ Z	fran mati	.1	Conditions, if eny, which) (b) MYOCARD, QC INFACCTION	5-GNRS
endi	riat-	20	geve rise to Immediate cause	
華	bud rial,	2	(a), stelling the underlying DUE TO CORINDRY TUROMBOSS	7-8 dRS.
NA P	the state of the s	,0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART	
ICI.	Hifica Pr to	20	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART DRUCKER 10 5 (LOR 5.7 C W 5.7 C) 15 BB 56 4 M Y COLD A C TW 200. ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCURED. (Enfor nature of Injury in Part I or Part II of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH OUT EITHER, NOTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100. ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCURED. (Enfor nature of Injury in Part I or Part II of item 18.)	YES NO NO
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P.H.	this d fo	7		
מָּעֵ	fer Che Tes		20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Cour Hour a.m. While Not While at work et work et work	nty) (Stelle)
ined ined	deta	~	Hour a.m. While Not While fectory, street, office bldg., etc.)	
r i Ei	DA B	1	21. I certify that (I) (this hospital) attended the deceased from 3/2 , 166, to 4/5, 194	that (I) (we) last
10.0	S S S	5	saw the deceased alive on 12. 31 19 66, and that death occurred fit 2 AM, from the causes and on the	e date stated above,
C	S S S	20	228. SIGNATURE ATTENDING MED, STAFF	22b. DATE
14	H S E	(3	M.D. PHYS. DIRECTOR PHYS.	4/5/6
Tic.	Page with t	1	22c. PHYSICIAN'S NAME (TYDE) APOL STRAIN STRAIN 1352 UNIV. BUND LYD	750 hhom
OS)	Pot to		0 0000	
H	direct the state of the state		REMOVAL (Specify)	,
P.	H		Ratial April 7,1966 Chizuk Amuno Baltimore, Marylo 25, 1965 Day REGISTRAR 256 2695 STRARY S	SIGMATURE
	VR A15	1 1 1	THE TOTAL SECTION OF THE PROPERTY OF THE PROPE	mudge.
			Sol Levinson & Bros. Inc. 6010 Reisterstown Rd. 1966 1	<i>U</i>



12/100	Items 18-21 Film G570 0/4MARYEAN		D.V
		RECORDS, 301 W. PRESTON STREET, BALTIMORE, MA	
FOR STATE	05664 MEDICAL EX	AMINER'S CERTIFICATE OF DEATH	05660
HEALTH DEPT.	1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, f ins	stitution. Residence before admission)/
y de ay is , 2, and 3 to n PM3. Page lepartment of s after death.	o. COUNTY Montgomery	MARYLAND Maryland b.	Montgomery
delay ond 3 t M3. Pag tment c	b CITY OR TOWN (If outside cornarate amits L.C. FNGTH C	OF STAY IN 1b c CITY OR TOWN (If auts de carparate limits, write	e RURAL and give nearest tawn)
death If y de ay is e Pages 1, 2, and 3 to with farm PM3. Page with farm PM3. Page 5 tate Department of 72 haurs after death.	write RURAL and give nearest town) Silver Spring 15 A	linutes Silver Spring	/
S of	d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street add		e S RESIDENCE ON A FARM?
MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 3 I dectar. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm retained for your files. • DIRECTOR: Page 3 should be used as a bur'al-transit permit. File pages 1 and 2 min to be state. Departs designated agent, prior to bur, all, cremation, or remayal, and in any event with 12 hours of	Holy Cross	105 Randolph Road	YES NO Z
Pag Pag Ath Sto	3 NAME OF First Mr	1 22	Month Day Year
d d d d	DECEASED (Type or print) Janet Suzar	the Swisher Death A	pril Seventh 1966
		MARRIED 8 DATE OF BIRTH 9 AGE (In year	rs FUNDER 1 YEAR IF UNDER 24 HRS y) Months Days Hours M.n.
13 ce c		OVORCED October 19,1949 last life ye	
thin 24 hours of encil in Item 18 miner's Office of pages Land 20 in any event	100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINE during most of working life, even if retired)	SS OR 11 BIRTHPLACE (State ar fare gn country)	12. CITIZEN OF WHAT COUNTRY?
24 in l r's l	during most of working life, even if retired) Student Public Sci	hool Maryland	COUNTRY? U.S.A.
hin hine page in o	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
J with person Exam	Ralph Everett Swisher	Ila Fay Snow	
red al E al E al, a	15 WAS DECEASED EVER IN S ARMED FORCES? 16 SOCIAL SECURI (Yes, not ar unknown) (If yes give wer ar dates of service) None	TY NO 17 INFORMANT LOS Ra	Address Indolph Road Spring, Maryland
ling edic erm erm		Ralph E. Swisher Silver	Spring, Maryland
certificate should be executed, writing the ward "pending" is sawarded to the Chief Medical used as a burial-transit permit burial, cremation, or removal,	18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and ((i) ion of liver with hemoperitor	INTERVAL BETAVEEN
d "pe	C/ 2 3 / IMMEDIATE CAUSE (U)	ton of fiver with nemoperation	ie um.
ould ware he (al-t	Candidana danu which save a		
sh sh a ta t	rise ta immediate cause (a), (
g the	stoting the underlying cause (c)		
rat,	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a	19 WAS AUTOPSY
w drw	E CHART STREET STORMAN CONTROL CONTROL TO SEATH OUT	HOT REDUCED TO THE PERMANE OF SEASE COMMISSION OF THE PERMANE THE	1) 19 WAS AUTOPSY PERFORMED? YES X NO
This cate be defined by the last tage.	200 EXIERNAL (AUSE WAS PRIMARY) OF CONTRIBUTING	NJURY OCCURRED (Enter nature of injury in Port or Port II of item 18	
militim is a series of the ser	200 FXIERNAL CAUSE WAS PRIMARY CONTRIBUTING CA.St OF DEATH 200 TIME OF INJURY Marth, Day, Year 200 TIME OF INJURY Marth, Day, Year 200 NJURY OCCURR While Nor Wh	was passenger in rt front se struck tree. ED 7 20e PLACE OF NJURY (Home, form, foctory street, office bldg, etc.) Street Silver S	eat when car left
Short,	20c TIME OF INJURY Manth, Day, Year 20d NJURY OCCURR	ED 20e PLACE OF NJURY (Harne, farm, 20f (City at faw)	n) (County) (State)
AM the the the the the the the the the the	20c TIME OF INJURY Manth, Day, Year 20d NJURY OCCURR While Not Wh	factory street affice bldg, etc) Silver Si	pring Montg. Md.
EXA ccute Page ir you t: Pag	21 1 certify that Look charge of the remains descri	ibed abave, held an Autapsy Inspection XI,	Inquiry, and in my opinion
exe exe di fo	1 / / /	of X Suicide , Homicide , Undetermined	
ase rect of the sides in the si	1 1 1/1 7//	CHIEF MEDICAL EXAMINER	
Pel H de la	SIGNATURE SIGNATURE	M. D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
UTY Day, De be	EXAMINER'S TO TO TO THE STATE OF THE STATE O	DEPUTY MEDIEN, EXAMINER	grul 8, 19/66
necessary, please execute the certificate, writing the ward "pending" in penal in Item 18 Give Page the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with 5 may be retained for your files. OFUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit file pages land 2 with the Staffealth or its designated agent, priar to burial, crematian, or remayal, and in any eventivities to be a second or contact of the contact o	NAME (Type) DELDEN K. NE	APM, D. Address (Area, Arty, Town, ar county)	1100
The Hee		of CEMETRY OR CREMATORY ngton National Cere. Arlington,	or Town) (County) (State)
_	24 FUNERAL DIRECTOR October Staylor Survey 8434 APDIN	RESS 2 250 REST BY REGISTRAR 251	AFRITRARS SIGNATURE 2 64
VR A15ME (5) 6M 1/66	Warrier E. Pumphrey, Inc. Silver	RESS GIA Avenue 250. RECT. BY REGISTRAR 256 256 Spring, Maryla 1841APR 13 1966	ficiaries Judge
6M 1/66	Warrier C. Pumphrey, Inc. Silver	riting Marula 15 APK I 3 1300	0



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05665 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death filled in by the funeral papers. Pages Land PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND c LENGTH OF STAY IN 15 b CITY OR TOWN (If outside corporate limits c CITY OR TOWN outside carparote limits, write RURAL and give nearest town) write RURAL and give negrest town) d. NAME OF HOSP, TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RES DENCE ON A FARM? NO R YES NAME OF 4 DATE Year DECEASED OF 1966 (Type or pont) DEATH IF UNDER 1 YEAR X 32 2 9. AGE (In years IF UNDER 24 HRS B. DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED ost birthdov) Hours WIDOWED andiraan 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country). during most of working life, even if retired) INDUSTRY COUNTRY? ENST 1/2 LOUS'. 341516 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAM 16. SOCIAL SECURITY NO 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, po, or unknown) (If yes give wor or dates of service) None Hospital Records 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MALIGNANT CHEXIA IMMEDIATE CAUSE (o) **DUE TO** ススラム Conditions, if any, which gave 3 rise to immediate couse (a). DUE TO stating the underlying couse has been LEFT ULNAR WAS AUTOPS' PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES -NO O FUNERAL DIRECTOR: After this certificate 20a ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INSURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) at work L of work 21. I certify that (I) (this hospital) attended the deceased fram LPT. 5 to ARPIL , 1966, that (1) (we) last be retained 1966, and that death occurred at 12:35 M, from causes and on the date stated above. saw the deceased alive on. 220. SIGNATURE 22b , DATE SIGNED ATTENDING MED DIRECTOR M.D PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) Robert G. Angle, M.D. 5009 Del Rav Ave. Bethesda, Md directar, 230. BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) REMOVALIST BUTTON Parklawn Cemetery Rockville, Md. 25b REGISTRAR'S SIGNATURE A. Pumphrey VR A15 (4) 20 M 1/66 Bethe s da Md



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND Untotata CERTIFICATE OF DEATH funeral and deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Virginia Tazewell Montgomery

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b bon papers. Pag within 72 hours hours Boissevain 35 Days Bethesda Ξ d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled The Clinical Center. Bethesda 14. Maryland Box 314 NO Y VES completely to executed within 4. DATE Month 3. NAME OF Middle Last DECEASED n and complet remove carb q any event, v April 10 19 66 Ethel Tabor DEATH (Type or print) Norma AGE (in years | IFUNDER 1 YEAR | IFUNOER 24 HRS. | Iast birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 17. MARRIED X NEVER MARRIED DATE OF BIRTH 25 April 1912 White WIDOWEO [DIVORCED [Female 12. CITIZEN OF WHAT d by the attending physician a transit permit. Then please recremation, or remoyal, and to 10a. USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? certificate be INDUSTRY USA Virginia Housewife ----13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lorena Hopkins Sam Blankenship 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT The Medical Records. 16, SOCIAL SECURITY NO. or attending physician. (Yes, no, or unknown) [(If yes give war or dates of service)] The Clinical Center. Bethesda 14. Maryland Not Available INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by t the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)... Myocardial collapse with low cardiac output 8 hours 10 hours Respiratory insufficiency Conditions, if any, which gave rise to immediate OUE TO cause (a), stating the has be as th prior t 5-8 years Mitral Stenosis underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) D FUNERAL DIRECTOR: After this certificate I director, page 3 should be detached for use should be filed with the State Dept. of Health PERFORMEO? PHYSICIAN: The the hospital or a YES K NO 20a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) MEDICAL (State) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. OR ATTENDING P - Not While at work at work 66 to 10 April 1966, that # (we) last 21. I certify that # (this hospital) attended the deceased from 6 March 25 M. from the causes and on the date stated above. 19 66, and that death occurred at saw the deceased alive on 10 April 22b. DATE SIGNED 22a. SIGNATURE MEO. STAFF PHYS. PHYS. 10 April 1966 ATTENDING PHYS. lleins M.D. TO HOSPITAL O Page 4 may 1 TO FUNERAL DI PHYSICIAN'S ADDRESS The Clinical Center, National NAME (Type) Scott Stewart, M.D. Institutes of Health, Bethesda 14, Md 23a. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify)
urial-transit 4-ll-66 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY Bluefield, West Virginia
25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Woodlawn Cemeterv 24. FUNERAL DIRECTOR **AODRESS** Bethesda, Maryland Melanes PUMPHREY VR A15 (4) 15M 4-64



	Items 18-21 Film G37 MAYY AND STATE DEPARTMENT OF HBALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STR. ET. BALTIMORE 1, MARYLAND
FOR STATE	05662 MEDICAL EXAM. ER'S CERTIFICATE CE LEATH 15663
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE The dear ased lived, If institution: Residence before edinission)
sary, Page les. t of	*. COUNTY Montgomery MARYLAND ** STATE West Virg ta b. COUNTY
ctor. Pag ctor. Pag our fles. tment of	b CITY OR TOWN (if outs do corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if out a december limits, write RURAL and give near st lown)
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Dep Land	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, Montgomery General a. IS RESIDENCE ON A FARM ON
fur fur ainec State after	J. NAME OF First Midds Lest & DATE T Month Day Ver
the the the the the the tours	OPECEASED (Type or print), Cora Mable Tasker DEATH 4 8 19 66
death id 3 tk idy bi with 72 h	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In yours IF JNDER I YEAR IF UNDER 24 HRS.
and San	Female White WIDOWED DIVORCED 1/10/94 lest Divindey Months Deys Hours M.n.
and	10e USJA. OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDUSTRY 11 BRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA USA USA
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Ye Five PM	UNKOWN UNKOWN
Within 8. G	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address [Yas, no, or unknown] [Ifyasgivewarordatesofsarvice]
ted verth verth	Hospital Records Olney, Maryland
in It in It ong v nsit p	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)." PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
be encil	Massive intraabdominal hemorrhage
ould In p Office buria	Conditions, if any, which \ (b) due to ruptured spleen.
e she ing" sr's (sa t sa t	geve rise to immediate cause (e), stating the underlying DUE TO
ficat bend mine ed a	cause lest. (c)
EXA TEXA	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?
This d'ca	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO 206 EXTERNAL CAUSE WAS PR MARY DO OF CONTRIBUTING 1 CAUSE OF DEATH. 207 TO CONTRIBUTING 1 CAUSE OF DEATH.
TER: ig the if Me if Me or to	PR MARY D or CONTRIBUTING 1 Deceased was truck passenger when it collided with auto on
EXAMINE ate, writing the Chief the Chief Br. Page 3 sgent, prior	20c. TIME OF INJURY Manth Dey, Yeer 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, Jerm, 20f., City or town) (County) (Stele) 4: Obout Xam. 4/8 166 of work at work X Street Rt. 216 Howard Md.
R. P. Wall	4:00 Nor While Not While Street Rt 216 Howard Md.
AL I	21 I certify that I look charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my opinion
orwal de designat	death resulted from Natural causes Academt Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER
M lorw desi	ACTUAL // CO / S/D. A C / MOS ASSISTANT MED CALLEY AM NED CO. DETE SIGNED
UTY Mexecute de be for its de or its de	EXAMINER'S D
	NAME (Type: /2ELDEN K, TEAP, MID, Address (Street, city, Town, or county)
O DEI please 4 shou O FUT	22e. BUR AL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMEFOR OR CREMATORY 22d. LOCATION (City, Wmn, or country) (Siete) REMOVAL (Specify) Removal (Specify) Removal (Specify) Removal (Specify) Removal (Specify) Removal (Specify)
B B	23. FUNERAL D RECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 1/62	Francis H. Barber Laytonsville Md. APR 13 1966 (Charles Judge
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Premois & Parber Leytonsville nd.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. ond death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a COUNTY b. COUNTY Montgomery MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Betnesda (Rural) E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) davs Washington. D.C. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? 2101 16th St. N.W. U. S. Naval Hospital Roosevelt Hotel NO 20 3. NAME OF Middle Last 4. DATE DECEASED April Cathryn S TAYLOR 66 19 (Type or print) DEATH S SEX 6. COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In veors IF LINDER 1 YEAR IF UNDER 24 HRS 7 MARRIED IR NEVER MARRIED glast birthdoy) Female August 20. 1883 Cauc WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY ZISA during most of warking life, even if retired)
HOUSEWITE INDUSTRY Newport, Rhode Island 34. MOTHER'S MAIDEN NAME 13. FATHER S NAME or removal Unk nown Unknown 15 WAS DECEASED EVER IN ... 5 ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AddresBoston, Mass (Yes, no, or unknown) (If yes give wor or dotes of service Mr. William Taylor, Jr. 277 Huntington Ave. no cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (6) Bronchial pneumonia DUE TO burial, Conditions, if only, which gove rise to immediate cause (a). DUE TO stoting the underlying couse **O HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the hospital or ottending lost. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 1'allure 19. WAS AUTOPST PERFORMED? Arteriosclerotic cardio vascular Disease Assoc with Cong. Heart YES X NO FUNERAL DIRECTOR: After this certificote 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) Not While ot work 21. I certify that (t) (this haspital) attended the deceased fram April 6 , 1966, to April 11 , 19 66 that (t) (we) lass saw the deceased alive an April 11 1966, and that death accurred at 855P M, fram causes and an the date stated above saw the deceased alive an April 11 22b. DATE SIGNED 22o. SIGNATURE MED DIRECTOR STAFF PHYS. April 13,1966 immemor M.O. pode 3 e filed 22c. PHYSICIAN director, po should be f U.S. Naval Hospital, Bethesda, Maryland NAME (Type J. E. Zimmerman 23d. LOCATION (City or Town) 230 BURIAL, CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 4/14/66 Arlington National Cemetery Arlington, Virginia Hines Funeral Home DDRESS 4th St. N.W. Washington, D. C. 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1.	MARYLAND
M	U5669 CERTIFICATE OF DEATH	05665
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l	13. FATHER'S NAME	1 1 -1/
ŀ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	LLEY
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ľ	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH
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l	Conditions, if any, which) (b) He meritarian Conditions, I and discourse	1000
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	21. I certify that (I) (this hospital) attended the deceased from	., 1966, that (I) (we) las
	220 SIGNATURE	22b. DATE
	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	4/4/61 SIGNET
	22c PHYSICIANS NAME (Wide) 22d. ADDRESS	8
	23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or	county (State)
۱	BURIAL April 12 1946 Asbury Church Cem. Germanto	own Md
		AR'S SIGNATURE
1.	Nobert T. Duowidea ROCK SITE, Ma. DATAPR 13 1966 gar	mes Judge



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	VIAND
d =0d	05670 CERTIFICATE OF DEATH	5666
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hours after d in by the rs. Pages 1	b. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and byte nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and limits)	give nearest town)
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822 (1) 25	22a, SIGNATURE	SIGNED
	M.O. PHYS. DIRECTOR PHYS. 122c. PHYSICIAN'S 22d. ADDRESS	11/102
O HOSPITAL OR Page 4 may be O FUNEAL OIR director, page should be filed	NAME (Type) BLAINE H. EIE P641 Colemblered Sebrus	bot your
TO HO Page TO FUI direc	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
F F	24. FUNERAL DIRECTOR D / / ADDRESS 1 25a. REC'D BY REGISTRAR 25b? REGISTRAR'S SM	GNATURE
VR A15 (4)	Warner E. Pumphrey, Inc. Silver Spring, Md. DAPR 22 1966 Charles	udge



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he death cer e attending p permit. The	(Yes, na,	prunknown) (If yes g	ive war or dates of se	ervice)	TAL SECURITY NO.	17 INFORM. BEULAH		nAs, WIFE	Address SAME		
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital ar attending physician. **IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e 3 shauld be detached far use as the burial-transit permit. Then please female carbon papers. Pages 1 and 3 shauld be detached far use as the burial, cremation, ar removal, and in any event, within 72 haurs after deather.		J J & A	(e) DUE TO		1432/12	Th	Rom B	0515	5.46	ONSET AND D	WEEN DEATH
w requireding physics of the physics	rise	ditions, if any, which to immediate couse ng the underlying c	(a), (DUE TO		ENTIA.	e D	ARTER	TeNSI	20515	15 Yes	LRS LRS
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NG PHN f the har this er this e detacl	WEDICAL 20c.	TIME OF INJURY Ma Hour a.m. p.m.	nth, Day, Yeor 19	20d INJUI White at wark C	RY OCCURRED 20 Not While at work		IJURY (Home, form, et, affice bldg., etc.)	20f. (City or tow	wn) (C	ountγ)	(Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY nontgomery MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 papers. Page iin 72 hours a Tresde Tresdo days IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AOORESS ON A FARM? urban LANI YES NO S etely With executed within -bon NAME OF DATE Month Year First Middle Day DECEASED сопріє car (Type or print) DEATH 19 MOSON 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 8. Φ 7. MARRIED NEVER MARRIED Months Hours WIODWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ģ INDUSTRY and Engraver U.SA MAP Coast + neaditio death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME гетоуа Ther 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITYNO. INFORMANT the attent t permit. 10 (Yes, no, or unkown) (If yes give war or dates of service) 4513 Wingsof LANG 220-44-6801 cremation, LAUISE INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause_per line for (a), (b), and (c).] requires that the DNSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: DN CHOPNILUMONI IMMEDIATE CAUSE (a) bur.al-ta OUE TO Conditions, If any, which been gave rise to Immediate the c DUE TO cause (a), stating the prior 10 YCAR underlying cause last, 88 CERTIFICATION 119. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? certificate NO V YES [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached for the Dept. of J MIDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While at work 19 at work to APRIL -1953 27. 1964, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from LAN DIRECTOR: age 3 should ned with the and that death occurred at 2.33 M. from the causes and on the date stated above. saw the deceased alive on A 1966 22a. /SIGNATURE 22b. page ATTENDING DIRECTOR PHYS M.O. Page 4 may TO HOSPITAL ADDRESS TO FUNERAL PHYSICIAN'S 22d. director, p should be 22c. NAME (Type) ANGLE Ave. Bethesda. Del Ray (State) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Washington, D. C. Congressional Cem. 4-30-66 Buria 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR | **AODRESS** 25a. 24. FUNERAL DIRECTOR Bethesda, Maryland PUMPHREY VR A15 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05673 OF DEATH he law requires that the death certificate be executed within 24 hours after death. death and 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH campletely filled in by the funeral b. COUNTY mont montgomery papers. Pages 1 hin 72 hours after MARYLAND r TENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits. write-RURAL and give nearest fown) mo 1- Jothesda d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) Ewing Drive NO K 4 DATE NAME OF Middle Month Dov DECEASED OF DEATH April 10. 1966 (Type or print) /TE becca 11mberlake event binson DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED lost birthdoy) Hours WIDOWED burial, crematian, or removal, and in any 12 CITIZEN OF WHAT 1Go USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME Georgia Charter Upinson 17 INFORMANT 16. SOCIAL SECURITY NO signed by the attendir burial-transst permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Unknown 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Cardio Viscolar Disease -Years Conditions, if any, which gove rise to immediate couse (o). DUE TO far use as the k Health prior tab stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While 19 at work ot work 1960 ta date 19 that (I) (we) last 2). I certify that (1) (this haspital) attended the deceased fram_ 1966, and that death accurred at 640M, from causes and an the date stated above. saw the deceased alive on, 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR M.D. director, page shauld be filed 7936 Old Georgetown Rd. 22c. PHYSICIAN JOHN G. BALL NAME (Tybé Bethesda, Maryland 23d, LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, 235 DATE THEREOF Burial transit 4-10-66 Williamsburg, Virginia Cedar Grove Cemetery 25h REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 ROBERT Bethesda, Maryland PUMPHREY





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	reta CCTO S showith		saw the deceased alive on 4-5- 1966, and that death occurred at 7.50 M, from the causes and on the date stated	above
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			24. FUNERAL DIRECTOR Thomas 8434 GEORGIA AUGIGIE 250, REGISTRAY STRAYS S	
	VR A15 (4) 20M 1/65		Warner E. Pumphrey, Inc. Silver Spring, Md. DATER 12 1966 1	= =

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05676 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death death USUAL RESIDENCE (Where deceased lived, if institution Residence before admiss an) PLACE OF DEATH, a. COUNTY a. STATE b. CO.JNTY within 72 haurs after CITY OR TOWN (If obtside corporate lights write RUPAL and tilve peorest town) CENGTH OF STAY IN JE c. CITY OR/TOWN outside comparate limits, write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ANDRESS on A FARM? papers. filled i YES NO 🔀 campletely fi jave carban 3 NAME OF Fust Middle. DATE DECEASED
(Type or print) OF event, DEATH DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS & COLOR OR RACE 7 MARRIED **NEVER MARRIED** AGE (n years Manths lost birthdoy) Dovs Hours 区 WIDOWED DIVORCED physician and KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country). during most of work natife, even if reticed) Base OTTO Justa reportenile 13 FAIRERS NAME MOTHER S MAIDEN NAME crematian, ar remayal, attending p WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, na, ar unkrigivn) (If yes give war ar dates of seprice INTERVAL BETWEEN CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c), PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) burial-transit signed by DUE TO burial, Canditions, if ony, which gave rise to immediate couse (a). DUE TO stating the underlying cause this certificate has been with the State Dept. af Health prior to for use as the WAS AUTOPSY PERFORMED? 19 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO 20° ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) etached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. Not While factory, street, affice blda., etc.) OR ATTENDING of work p m TO FUNERAL DIRECTOR: After Page 4 may be retained by 21. I certify that (1) (this hospital) attended the deceased fram. un 19 66, that (1) (we) lost 19 66, and that death occurred at 7 A.M. fram causes and an the date stated above sow the deceased alive on. 22a. SIGNATURE M.D. PHYS DIRECTOR PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S 12 0 NAME (Type) BISTHELD WISC 23d ROCKVIIIe, Maryland 23c. NAME OF CEMETERY OR CREMATORY ROCKVILLE Ceme 23a BURIAL CREMATION 23b. DATE THEREOF (State) Cemetery REMOVAL (Specify) 2/2/66 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR
Tyson Wheeler Funeral Home 1331 Rock. VR A15 (4) 1966 20 M 1/66 Rockville. Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 56944 and 2 death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) Mass Wary Land a. CDUNTY b. COUNTY A Property after Montgomery MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pag 2 days -Olney-Mt//Alry Braintre Olney E bon papers. within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS Dickerson DN A FARM? Olney - Mary land --Montgomery General Hospital NO 🌁 within letely completely 3. NAME DE DATE and Curremove Carb. DECEASED Florence Christine Traverse DF (Type or print) DEATH 19 executed 6. COLOR OR RACE | 7. MARRIED 5. SEX 8. DATE OF BIRTH NEVER MARRIED Female White 2/29/88 WIDOWED DO DIVORCED [12. CITIZEN OF WHAT COUNTRY? USA-Nat. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) death certificate be INDUSTRY Nova Scotia Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Chislette (unknown) John Chislett Mary 15. WAS DECEASED FVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) ((fyes give war or dates of service) ransit permit cremation, or Family and Hospital Records, Olney, Md. ψ, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-burial, DUE TO Conditions, If any, which gave rise to immediate DUE TD cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Disbetes mellities, ASCVD with congestive heart miliare NO YES 20a. ACCIDENT WAS UNDERLYING TO THE CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: age 3 should led with the and that death occurred at 5:10M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page filed ATTENDING DIRECTOR M.D. FUNERAL **ADDRESS** Frederick Moomau BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town on county) (State) REMOVAL_(Specify) Buria] April Cambridge Cambridge 24. FUNERAL DIRECTOR REC'D BY REGISTRAR ADDRESS 1966 Olin L. Molesworth, Damascus, Md. VR A15 (4) 20M 1/65

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Page 4	232 BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	DR CREMATORY 23d.	DCATION (City, town or po	unty) (State)/
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equires			Conditions, if any, which gave) size to immediate couse (a),	6) Anteniosci	erosis,	generall	sel Thours
w M	attending has been se as the h priar to		last.	(c)CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	GIVEN IN PART I(o)	19 WAS AUTOPSY
Ë	egige V	FICAT ON		MONALY emphyse 20b. DESCRIBE HOW INJURY OCCURRED (ma 2) Chroni	ic asthma	19 WAS AUTOPSY PERFORMED? YES NO
PHYSICIA		CAL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MED CALEXAM, NER) 20c. TIME OF INJURY Month, Doy, Yeor			Of. (City or town)	(Caunty) (State)
JING P	d by the haspit After this certif I be detached s State Dept. af	MEDICAL	Но чи е т р т. 19	White Not While foctor of work of work from spital) attended the deceased from	ry, street, office bldg., etc)		1966, that (I) (we) los
ATTEND	TT - TT (1)		sow the deceosed alive an		death occurred at 1234	M, from couses and a	n the dote stoted obove
	L DIRECTOR OF THE COMMENT OF THE COM		22c PHYSICIAN'S FX	Ellass M. H. MD	ATTENDING MED. PHYS DIRECTO	OR PHYS. D 4	4.9.66 hase Dr.
O HOSPITAL	Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	23	BURIAL, CREMATION, 23b DATE TH	HEREOF , 23c. NAME OF CEMETERY OR C	-	1. LOCATION (City or Town)	(County) (Stote)
TO H	=	2	REMOVAL (Specify) 4-12. FUNERAL DIRECTOR	A LUCK CKELK	CEMPTERY M		D - C R'S SIGNATURE
	VR A15 (4) 20 M 1/66	1-	To GANDEDS Souls 1.	10 1/21/ > 0 = 10	NAPR 1	1966 Jana	rles Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 05680HEALTH DER PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution; Residence before admission) 2, and 3 ta PM3. Page .≌ MARYLAND OR TOWN (If outside proporate-tim r LENGTH OF STAY IN 16 90 CCITY_OR TOWN ALL ts de corporate limits Whe RURAL and a ve after Departi d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address), d. STREET ADDRESS IS RESIDENCE farm haurs ON A FARM? Item 18. Give Pages ote 24 haurs after death Office alang with NAME OF First 4. DATE Lost Yeo DECEASED ula DEATH 9 AGE (In years IF UNDER 24 HRS 7 MARRIED DATE OF BIRTH IF UNDER NEVER MARR ED Months Dovs fuse o rthdoy) Hours WIDOWED DIVORCED and 2 event 100 SUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR B RTHP 12 CITIZEN OF WHAT INDUSTRY pending" in pencil in ef Medical Examiner's 13 EATHER be executed within 14 THER'S MAIDEN File and IS WAS DECEASED EVER NUS ARMED FORCES? SOCIAL SECURITY NO. 17 INFORMANI (Yes no of unknown) (If yes give wor or dates of service) or removal, 1B. CAUSE OF DEATH (Enter only one couse per lipe for (o), (b) and (c), INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o This certificate shauld writing the ward crematias, burial Conditions, if ony, which gove rise to immediate cause (o), farwarded ta DUE TO stating the underlying couse o OS lost burial, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? the certificate. YES T NO 2 þe 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) prior PRIMARY Or CONTRIBUTING shauld MEDICAL EXAMINER: CAUSE OF DEATH 20c T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stofe) Hour o.m. While Not While foctory, street, office bldg , etc) DIRECTOR: Page Page 4 please execute of work designated 21 I certify that I taak charge of the remains described above, held on Autopsy far inspection X and in my apinian the funeral directar. death resulted form: Natural causes Accident Suicide Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED or its ASSISTANT MEDICAL EXAMINER SIGNATURE moy be re FUNERAL I TO DEPUTY **EXAMINER'S** 5 moy 170 FUNEI Health NAME (Type) BUR AL, CREMATION. 235 DATE THEREOF NAME OF CEMETERY OR CREMATORY 23c 23d LOCATION (City or Town) (County) (State) Plemoval (Specify) REGISTRAR'S SIGNATURE 24 FJINERAL DIRECTOR FUNERAL HONGE aclientes VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 0568 CERTIFICATE OF DEATH hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY Montgomery ve carbon papers. Pages 1 event, within 72 hours after Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town 21228 152 days Bethesda Baltimore d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? The Clinical Center, Bethesda, Maryland 5918 Robindale Road NO DOC YES executed within NAME OF Month Middle 4. DATE DECEASED April 16 19 66 (Type or print) Josephine aaU Ganeva DEATH AGE (In years | IFUNDER 1 YEAR) IF UNDER 24 HRS. 8. DATE OF BIRTH 6. CDLOR OR RACE 9. 7. MARRIED DO NEVER MARRIED last birthday) Months | Days Hours | Min. 29 April 1912 Female White WIDOWED [DIVDRC ED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? certificate be during most of working life, even if retired) INDUSTRY Ohio Receptionist, 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME remova been signed by the attending the burial-transit permit. Then it to burial, cremation, or remova Ann Schneider Frank Evans 15. WAS DECEASED EVER INU.S. ARMED FORCES?
(Yes, no. or unknown) [(If yes give war or dates of service)] 17. INFORMANTThe Medical Recordiness 16. SDCIAL SECURITY ND. death 212-26-6075 The Clinical Center, Bethesda, Md. 20014 No INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gram negative septicemia, Pseudomonas 5 Davs physician. DUE TO Acute Myelogenous Leukemia 21 Months Conditions, If any, which (b) gave rise to Immediate the hospital or attending DUE TO cause (a), stating the Chronic pyelonephritis underlying cause last. certificate IIIs CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) of Health p PERFORMED? YES X NO T DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING F DR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) should be Hour a.m. While at work at work be retained by ATTENDING Page 4 may be recommended to the rector, page 3 should director, filed with the 21. I certify that 10 (this hospital) attended the deceased from Nov. 15 1965 to April 16, 1966 that # (we) last saw the deceased alive on April 16, 19 66, and that death occurred at 11:25, from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING X 17 April 1966 M.D. director, p PHYSICIAN'S 22d. ADDRESS The Clinical Center. National NAME (Type) Berton Zbar, M. D. Institutes of Health, Bethesda, Maryland LDCATION (City, town or county) BURIAL, CREMATION, 235. DATE THEREOF REMDVAL (Specify) FUNERAL DIRECTOR 25a. VR A15 (4) 15M 4-64



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
STAL.	05682 CERTIFICATE OF DEATH 05674	
	1. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before adv	mission)
-1	MONT GOMERY MARYLAND B. COUNTY PRINCEIG	17.01
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	t town)
-	SILVER SPRING. 2 MONS. HYATTHISVILLE Washington N.W. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 2218 Modicion Ave. 6. IS RESI	DENICE
1/	Follow I Ales II A State Field () I (Follow) Bad Son Ave. ONAF	ARM?
3	3. NAME OF First Middle Last 4. DATE Month Oay Year	
_	(Type or print) WALTER Ham SOUL T TERBAUGH DEATH 4 - 18 - 196	06
	last birthday) Monthe Loave House	24HRS Min.
	MAKE WHITE WIDDWED OLVORCED SEPT 14 1888 177 yrs.	
2 2	Da. USUAL OCCUPATION (Give kind of work done lying most of working life, even if retired) 1. BIRTHPLACE (County & State, or foreign country)	
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	JOHN UTTERBAUGH MAGGIE SHAEFFER	
- (15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	V
-	No No Ciole YES. ROSE LATVARN. 2101 FAIRLAND Rd. Sp	RING
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND D	EATH /
	IMMEDIATE CAUSE (a)	
	Conditions, If any, which (b) Alamoidenate Carelinasela	
	gave rise to immediate cause (a), stating the OUE TO	
2	underlying cause last. (c)	Panali
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORM	MEO?_
TIER	YES 1 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	NO 🔼
CEB	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
18.0	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Hour a.m. Westle Management 10 10 10 10 10 10 10 1	tate)
MEDICAL	Hour a.m. While Not While p m. 19 at work at work	
	21. I certify that (I) (this hospital) attended the deceased from 2-24, 1966, to 9-18, 1966, that (I) (which is the second of th	
	saw the deceased alive on 3 10 1966, and that death occurred at 134M, from the causes and on the date stated	above.
	ATTENDING MED. STAFF OU 10-12	
	22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS 25chap	
	NAME (Type) Moston Altsch-lur, h. D. 9205- New Haupschie Are Sp.	7, 1
2	(3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Sta	ate)
-	100000 101100000 0000 0000 0000 0000 0000 0000	
1	the self the self the self that the self tha	•
1	Trans. C. M. haey, " in. Salver Sparic, Md. Date.	_ =

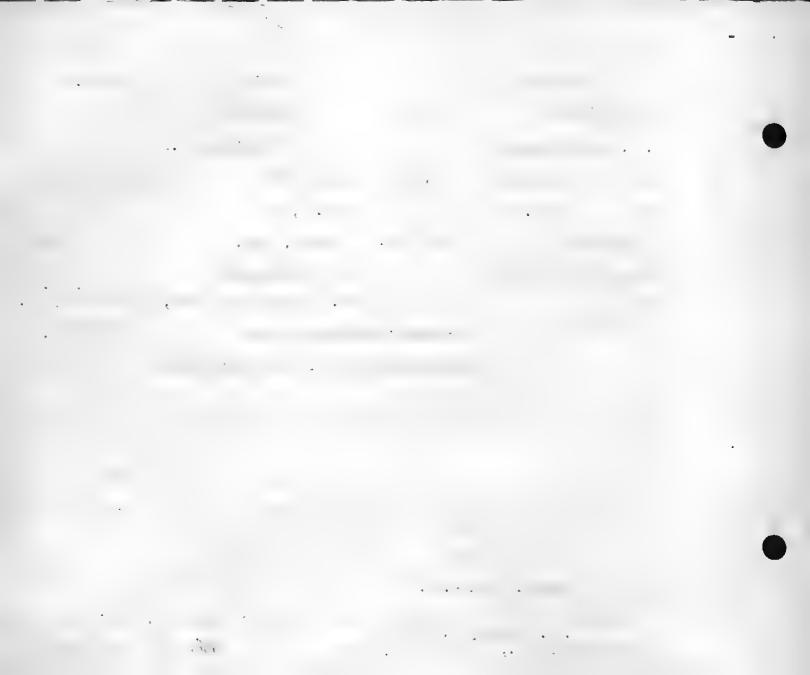


1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
E -50 E	05683 CERTIFICATE OF DEATH 05679	
r death funeral 1 and 2 r death	1. PLACE OF DEATH a. COUNTY Montgomery MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission by COUNTY MONTGOMERY	on)
s after by the f Pages 1 irs after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	vn)
hours d in by rs. Pag	d. NAME OF HOSPITAL OR INSTITUTION (if not in bosnital give street address) d. STREET ADDRESS. e. IS RESIDEN	ICE
filled papers, hin 72 h	Potomac Valley Nursing Home 7201: MAPLE AVE YES NO	
completely filled in by ve carbon papers. Page event, within 72 hours	3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) ELIZABETH E. Van der Slice DEATH April 30, 1966	
executed within and completely remove carbon any event, with	5. SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24) Hours Month's Days Hours Month's Days Hours Married 18. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24) Hours Married 18. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24) Hours Married 18. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24) Hours Married 18. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24) Hours Married 18. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24) Hours Married 18. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24) Hours Married 18. DATE OF BIRTH 9. AGE (In years IFUNDER 24) Hours Married 18. DATE OF BIRTH 18. DATE	IRS.
a Zing	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED HOUSEWIFE HOPE 10b. KIND DF BUSINESS OR INDUSTRY DETROIT, MICHIGAN 12c. CITIZEN OF WHAT COUNTRY? USA	
certificate iding phys Then ple removal,	13. FATHER'S NAME JOHN AUSTIN 14. MOTHER'S MAIDEN NAME ESTHER COOK	
death certificate ne attending phys permit. Then ple tion, or removal, a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Adversion of unknown) (If yes, pilye war or dates of service) ******* AUSTIN VAN DER SLICE Chevy Chasen M.	
The law requires that the cor attending physician. ate has been signed by the burial-transit salth prior to burial, cremal	18. GAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED YES NO 20a. ACCIDENT WAS UNDERLYING TO TABLE 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	TH SY
PHYSICIAN: 'the hospital this certific detached for Bept. of He	₹ 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State	3)
After After State	Hour a.m. p.m. 19 While at work factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from 19 , 19 , to 4/24, 1966, that (I) (we)	last
At OR ATTEN ay be retaine L ORECTOR: page 3 shoul filed with th	saw the deceased alive, on 19 6, and that death occurred a A-M, from the causes and on the date stated about 22a. SIGNATURE 22a. SIGNATURE 22b. DATE SIGNED 22c. PHYSICIAN'S NAME (Type) STEPHEN N. JONES 809 Viers Mill Rd., Rockville, Md.	ove.
TO HOSPITA Page 4 m TO FUNERA director, should be	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) CREMATION April 30, 66 Cedar Hill Suitland, Maryland	
VR A15 (4)	24. FUNERAL DIRECTOR ADDRESS ROBERT A. PUMPHREY BETHESDA, MD. 252. REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATURE DATE MAY 4 1966 Followings Language	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15684 HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTMONTGOMERY e. STAT Mary Land Montgomery MARYLAND Department after death: b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)

Bethesda (Rural) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DOA Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE 00 ON A FARM? 6008 McKinley St. U. S. Naval Hospital NO X 3. NAME DE Middle DATE Last Month Year Zie Z DECEASED Van Slyke Cassius James April (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED 10 8. DATE OF BIRTH EXAMINER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED T birthday) Months Male Dec. 1. 1900 Cauc. WIDOWED 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR UNDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Medicine Physician Benson, Minn. USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ida Olson John Phillip Van Slyke Addre Dethesda. Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, po, or unknwn) ((If we give war or dates of service) permit. I removal, Mrs. Ann Ethel Van Slyke, 6008 McKinley St./ Unknown Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Coronary insufficiency acute PHISETANN DEATH PART I. DEATH WAS CAUSED BY: burlal-transit p IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic cardiovascular disease vears Conditions, If eny, which (b) gave rise to immediate DUE TO cause (a), stating the 40 used as a to burial, i underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY MEDICAL CERTIFICATION PERFORMED? YES [20] 3 should be a 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc. Hour a.m. Not While at work at work Inspection XX Inquiry XX 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion FUNERAL DIRECTOR: Health or its design Natural causes Undetermined manner death resulted from: Accident . Suicide Homicide CHIEF MEDICAL EXAMINER for your ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4-22-66 please ex director. retained John G. Ball, M. D. Address (Street, city, town, or county) NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) DATE THEREOF 23a. BURIAL, CREMATION, 23b. 00 Arlington National Cemetery Arlington, Virginia REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR. A. Pumphrey Funerals Home Charles 7557 Wisconsin Ave., Bethesda. Maryland VR A15ME (5) 1/65



PRESTON STREET, BALTIMORE 1, MARYLAND DEATH OF funeral shod PLACE OF DEATH 2. USUAL RESIDENCE (Where daceesed lived, It institution: Residence bafore admission) e. COUNTY **좋**건설 Montgomery b. COUNTY by the MARYLAND Marvland Montgomery b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 5 after Takoma Park Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) hours e. IS RESIDENCE ON A FARM? Philadelphia completely Avenue papers. Philadelphia YES NO Ave 3 NAME OF DATE DECEASED within (Type or print) Paul August Viereck DEATH and cor 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH (In years | IF UNDER 1 YEAR laff b ribday) Months Hours ma le requires that the death certificate WIDOWED [DIVORCED PATT ON physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stata, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, avan if refired) S. Government Steam-fitter -Germany attending p 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME à John Viereck Antonia Rudolph 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give were reletes of service) Mrs. Elfie Vereck-same as above 18. CAUSE OF DEATH [Enter only one cause par line á. INTERVAL BETWEEN ā ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ial-transif Conditions, if eny, which gave risa to immadiate ceuse DUE TO (a), stating the undarlying the hospital or cause last. certificate 8 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY CERTIFICATION PERFORMED? USB prior NO 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert II or Pert II of Itam 18.) After this Health OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached be retained by 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Homa, farm,) 20f. (City or town) (County) (Stata) ŏ factory, street, office bldg , etc.) Not While DIRECTOR at work at work 19 2 19.5.7 to 21. I certify that (I) (this hospital) attended the deceased from Market has 19(2), that (1) (***) last plnous saw the deceased alive on a family limited and that death occurred at 1.2 MM, from the causes and on the date stated above 22a - StGNATURE 22b, DATE ATTENDING MED. STAFF **SIGNED** FUNERAL PHYS. DIRECTOR PHYS. Page M.D. 22c. PHYSICIAN'S 22d. ADDRESS filed y 23d. LOCATION (City, fown or county) 23e, BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY ប្ផុន្ធ REMOVAL (Spacify) Lincoln Crematory Prince Georges cremati 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Hines Washington. Co. VR A15 (4) 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05686 05682 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) the attending physician and completely filled in by the funeral sit permit. Then please removereachon papers Pages I a<u>nd</u> PLACE OF DEATH o. COUNTY o STATE b. COUNTY Montgomery Marvland Montgomery MARYLAND b CITY OR TOWN (If outside corporate imits, CLENGTH OF STAY IN 16 (CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Germantown days d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS Route 1 Box 234 Montgomery General Hospital NO I YES | NAME OF Middle First Last 4 DATE Month Year DECEASED 0F 19 66 Voeckel April Ferdinand Henry (Type or print) DEATH 5. SEX 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED last b rthdoy) Hours 1-8-1887 White Male WIDOWED TO DIVORCED and in an 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done INDUSTRY COUNTRY? during most at working life even if retired) Germany

14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Voeckel Augusta 17 INFORMANT 15. WAS DECEASED EVER A U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 16. SOCIAL SECURITY NO Address 103 05 9389 Hospital Admission Record INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse hos been the WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO M O FUNERAL DIRECTOR: After this certificate 힏 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 200 ACCIDENT WAS JNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased from 19.5.19. _, ta_4/... (1965), that (1) (we) last saw the deceased alive an 1962 C, and that death accurred at 9 A.M. fram causes and on the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. DIRECTOR 4-21-66 22d. ADDRESS 22c PHYSICIAN'S Jack Schumacher, M. D. Gaithersburg, Maryland NAME (Type) director, shauld b 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Washington D. C. Apr 23, 1966 Mt Olivet Cemetery 25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md.



10 1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
.>> ≠ 3	5일년	CERTIFICATE OF DEATH 05683
24 hours after death	T T T	1. PLACE OF DEATH a. GOUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE b. COUNTY
	E SE	Montgomery Maryland Montgomery
€ 3	LIS AN	b. GITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. GITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
PE -	papers. Pag	Rural - Woodfield d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
	papers.	Potomac Valley Nursing Home RED # 1. Gaithersburg YES NO [X]
Aithir	recompletely ve carbon ever carbon event, with	NAME OF First Middle Last 4. DATE Month Day Year DECEASED
λ pa		(Type or print) Bertha Duvall Wachter DEATH April 18, 19 66 SEX 6. GOLOR OR RACE 7. MARRIED X NEVER MARRIEO 8. DATE OF BIRTH 9. AGE (in years if under 1 year if under 24 Hr
executed within	n and complete remove carbo in any event, w	Remaile White Windows D Dungs Of Days Hours Min
	ysician and o	Oa. USUAL OCCUPATION (Give kind of work done 10b. Kind Of BUSINESS OR 11. BIRTHPLACE (Gounty & State, or foreign country) 12. GITIZEN OF WHAT 12. GITIZEN OF WHAT 12. GITIZEN OF WHAT 13. BIRTHPLACE (Gounty & State, or foreign country) 14. GITIZEN OF WHAT 15. BIRTHPLACE (Gounty & State, or foreign country) 15. GITIZEN OF WHAT 15. BIRTHPLACE (Gounty & State, or foreign country) 16. Kind Of WHAT 16. BIRTHPLACE (Gounty & State, or foreign country) 17. GITIZEN OF WHAT 17. BIRTHPLACE (Gounty & State, or foreign country) 18. BIRTHPLACE (Gounty & State, or fore
e e	ysici oleas and	Housewife Own home Damascus, Md. USA
ifica	g pn	13. FATHER'S NAME
cert	renging phy rit. Then p or removal,	Rhinaldo Watkins Airy Catherine Fleming 15. WAS DEGEASED EVER IN U.S. ARMED FORGES? 16. SOGIAL SECURITYNO, 17. INFORMANT Address
attending physician.		(Yes, no, or unkown) (If yes give war or dates of service) No 217-36-8359 Mrs. Leroy Wachter. Item 2
p g	o by the ar ransit pern cremation,	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
ian.	trans crei	IMMEDIATE CAUSE (a) Arteriosclerotic Cardio Vascular Renal Disease 10 - 15 yr
es th	en signed by tre burial-transit p burial, cremato	Genditions, If any, which (b) Terminal Uremia. July 1965
ng ng	nas peen sas the bu	gave rise to immediate cause (a), stating the DUE TO
w re tendi	as pas the prior	underlying cause last. (c)
The Is or att	certificate has the for use as to the for use as to the form of Health prior	PART II. OTHER SIGNIFICANT CONDITIONS GONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NOT NOT NOT NOT NOT NOT NOT NOT NOT
SICIAN: hospital	P P P P P P P P P P P P P P P P P P P	20a. AGCIDENT WAS UNDERLYING 20b. OESGRIBE HOW INJURY OGGURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
62 -	~ N N	
NG PHY by the	Affer thi I be det: State D	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCGURRED 20e. PLAGE OF INJURY (Home, farm, Hour a.m. While at work at work at work
OR ATTENDIN	U FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State	21. I certify that (I) and accorded) attended the deceased from March 24, , 1964, to April 18, 1966, that (I) (We) la
Teta E	Signal Si	saw the deceased alive on April 16 1966, and that death occurred april 15 M, from the gauses and on the date stated above 228. STRNATURE 22b. DATE SIGNED
y be	led age	2 2 Cenches M.D. PHYS. MED. STAFF PHYS. April 18, 1966
HOSPITAL OR	be to	22c. PHYSIGIAN'S M. McKendree Boyer. M. D. 22d. ADDRESS 9701 Church Street
O HOS Page	rectionid	Damas Gus, Mary land, 23a. BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY OR GREMATORY 23d. LOGATION (Gity, town or county) (State) REMOVAL (Specify)
2 ;		Burial April 21.1966 Damascus Meth. Damascus Md.
100	1d	24. FUNERAL DIRECTOR ADDRESS 25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR AI 20M		Olin L. Molesworth, Damascus, Md. GATEPR 25 1960 Charles Judge

t ? .

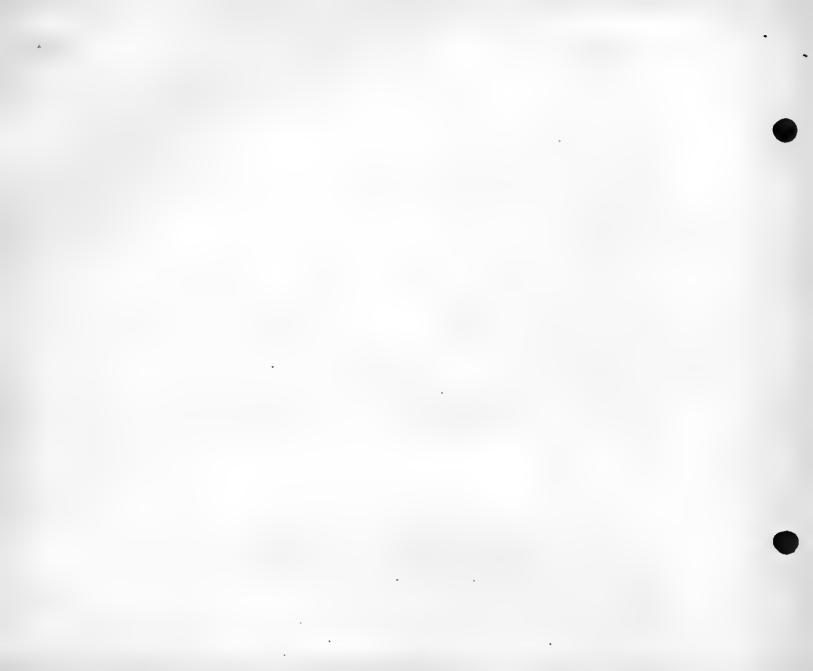
1/	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	95688 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (15684)
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, 1' Institution: Residence before admission a COUNTY b. COUNTY
SE 0 +4	Mortgomeru Maryland D. C.
is necessary, of the funeral e 5 may be Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
m medal	Ke si aton 7 months (Hashington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS (e. IS RESIDENCE)
afte Spering	ON A FARM?
delay is necessary, and 3 to the funeral Page 5 may be state Department hours after death.	Kensi wton Gardens Sanitarium 2204 40th. St., N. W. YES NO E
M3.	3. NAME DF DECEASED (Type or print) Margaret Wadsworth DEATH April 15 1956
s 1, 2 rm with 1 lifting	5 CCV LS COLOR OF BACE L SOLD THE LS CATE OF RIGHTH LS ACE (In years LEUNDER 1 YEAR HE LINDER 24 HE
th. If form form within within	Female Wilhite WIOOWED OLVORGED NOv. 26, 1888 To yrs. Months Days Hours Min
ive Pal with with I and event	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
fter Give 8 w 1 s	during most of working Ilfe, even If retired) INOUSTRY G. 4.0. U.S. Gout. Mortgomery, Alabama U.S. A.
ours aft n 18. G along pages in any	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
hour em ce ce dir	William D. Wadsworth Mollie Cocke
24 ho in Iten Office File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Hyes gire war or dates of service)
within pencil in miner's permit.	No None 13/8-34-0134 William D. Mads John Shiper Spring Inc.
min per ren	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: A C C by C C
Example of the control of the contro	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A S Phyy 13 -
AL EXAMINER. This certificate should be executed within 24 hours after death. If any delethe certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and should be forwarded to the Chief Medical Examiner's Office along with form PM3. riles. To files. To should be used as a burial-transit permit. File pages 1 and 2 with the Standard agent, prior to burial, cremation, or removal, and in any event within 72 hours of the standard agent, within the Standard agent, prior to burial, cremation, or removal, and in any event within the Standard agent, prior to burial, cremation, or removal, and in any event within the Standard agent, prior to burial, cremation, or removal, and in any event within the Standard agent, prior to burial.	conditions, if any, which DUE TO ASPIRATION - of Food - 5Mrn.
The Med Med Med buris	gave rise to immediate
out ord Hief al, c	midel thing cause last. (c)
ate shouf te word he Chief ed as a burial,	PARTII, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES [] NO [20a. EXTERNAL CAUSE WAS PRIMARY BO OF CONTRIBUTING [] CAUSE OF DEATH. 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) Choked. 6:) a Piece of b: Carl.
to the trace	YES NO YES 20a. EXTERNAL CAUSE WAS 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
certif	20a. EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING CAUSE OF DEATH. 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part i or Part II of Item 18.) Choked. 6:7 a Piece of b: earl.
R: This cate, wri forward 3 should	
for for age	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hoyr a.m. 4/15-1966 While at work Not While Not While at work Nursing Home. Kensington- Mont- Mcl
age ated	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection Z, Inquiry Z, and in my opinion
AL EXAMINE the certific the cer	death resulted from: Natural causes , Accident , Suicide , Homloide , Undetermined manner
4 - =	CHIEF MEDICAL EXAMINER
execute the control of the control o	ACTUAL SIGNATURE
Y WE execute Page 1 for 1 for 1 for 1 for 1	EXAMINER'S OEPUTY MEDICAL EXAMINER
ined ined ined ined	NAME (Type) Address (Street, city, town, or county)
DET TY III please executive to the state of	REMOVAL (Specify)
	24. FUNERAL DIRECTOR CASHANICA 84314 ADDRESS AVE VIE 25a. REC'O BY REGISTRAR'S SIGNATURE
VR A15ME	The ar & Dumphrou Dre Silver Spring, Md. nate.
3500 4-64	APR 2 ? 1966 Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15685 CERTIFICATE OF DEATH 05689 requires that the death certificate be executed within 24 haurs after death. death. by the funeral Pages 1 and 2 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY emoved carban papers. Pages 1 cary prent, within 72 hours after MARYLAND Montgomer V c CITY OR TOWN (If gutside corporate limits, write RURAC and give gegrest town) b CITY OR TOWN (If outside corporate limit) c LENGTH OF STAY IN 16 write RURAL and give nearest tawn) IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS and toupletely filled in mer Sanitarium YES 🗔 NO 🗵 NAME OF DATE Year DECEASED (Type or print) OF DEATH LFILLAN APRIL LUKENCE 1966 IF UNDER 24 HRS S SEX IE UNDER I YEAR 9. AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH ast birthday) Months Days Hours burial crematian, ar removal, and intany WIDOWED DIVORCED TOg USUA: OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT attending physicians of their please of during most of warking life, even 'f retired) INDUSTRY COUNTRY? HOUSEWIFE 13. FATHER'S NAME James INFORMANT Rockville 16 SOCIAL SECURITY NO (Yes, na, arunknawn) (If yes give war ar dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY: signed by the burial-transit p SONSET AND DEATH CEREBROLASCULDR ACCIDENT IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO CEREBRAL AKTER, OLCLEWOSIS Conditions, if any, which gave (b) nse ta immediate cause (a), DUE TO stating the underlying cause **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? NO 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 (County) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (State) factory, street, affice bldg., etc.) Haur a.m. Not While 19 at work 21. I certify that (I) (this hospital) attended the deceased from. HUG 1966, and that death occurred of M. from couses and on the date stated above. saw the deceased olive on. 22a. SIGNATURE illb. DATE SIGNED ATTENDING DIRECTOR PHYS M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify) Burlal Washington. Creek Cemetery 25b. REGISTRAR'S SIGNATURE ADDRESS 30 Wisc. Wash.DC. 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05690 by the funeral ... Pages 1 and 2 executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY b. CITY OR JOWN (if autside personate mits, write, RURAL and give nearest town) MARYLAND E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) lease remove carban papers. and in any event, within 72 ho .E d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? NAME OF Lost 4. DATE DECEASED 19 (-1 (Type or print) SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR | IE UNDER 24 HRS lost birthdov) WIDOWED DIVORCED 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? ottending physician sermit. Then please 13 FATHER'S NAME cremation, or removal, -PULLARE KIR 15 WAS DECEASED EVER IN U.S. ARMED FORCES!
(Yes,,no, or unknown) {(If yes give wor or dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT Address -5463 Horaxo Mille 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART 1 DEATH WAS CAUSED BY-INTERVAL BETWEEN ONSET AND DEATH Toxemia IMMEDIATE CAUSE (e). signed by DUE TO buriol, Conditions, if any, which gave) rise to immediate cause (a). DUE TO stating the underlying cause FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? director, page I should be detached for use should be filed with the State Dept. af Heolth Nove YES NO 🖂 200 ACC DENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) of wark Nat While factory, street, office bldg, etc.) 21. I certify that (1) (this hospital) attended the deceased fram to Feb., 1966, to April, 1966, that (1) (we) last saw the deceased alive an 8 April 1966, and that death occurred at 12.774 M, from causes and an the date stated obove. Page 4 may be retoined 226. DATE SIGNED 1966 22a_SIGNATURE Stanley M. Binler ATTENDING DIRECTOR M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS Stanley M. Binlek, M.D. NAME (Type) Bethesda, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d LOCATION (City or Town) (County) (State) Burial Suitland, Maryland 4/11/66 Cedar Hill Cem. A. Pumphrey Bethesda. Md. 250 REC'D BY REGISTRAR 25b RIGISTRAR'S HIGHANTE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after death. dead PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 2. ietely filled in by the furbon papers. Pages 1 a within 72 hours after d COUNTY ontagone MARYLAND 15TH b. CITY OR TOWN of outside corporate limits, write RURAL and give nearest fown), c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DE STAY IN 1b nours 10mc NSIN 67 d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) D. IS RESIDENCE DN A FARM? d. STREET ADDRESS YES NO T completely carbon NAME OF Month Day Year DATE Middle Last 4. DECEASED event, April 15 1966 DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. геторге 7. MARRIED **NEVER MARRIED** À and DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY CE (County & State, or roreion country) physician ease certificate be and HOUSEWIFE 6 removal. 13. FATHER'S NAME MAIDEN NAME attending parmit. Then 15. WAS DECEASED EVER INU.S. ARMED FORCES? INFORMANT Address WASH, DC 16. SOCIAL SECURITY NO. this certificate has been signed by the atten letached for use as the burial-transit permit. • Dept. of Health prior to burial, cremation, or death (Yes, no, or unkown) (If yes give war or dates of service) DIHEDCAL AVENIN. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per life for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last, CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detached for MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) TD FUNERAL DIRECTOR: After t director, page 3 should be de should be filed with the State Hour e.m. - Not While While be retained by at work at work OR ATTENDING 21. I certify that (I) (this hospital) attended the deceased from 19 6 c. that (I) (we) last and that death occurred at it. In from the causes and on the date stated above. saw the deceased alive on DATE SIGNER 22b. 22a. SIGNATURE ATTENDING PHYS. STAFF M.D. DIRECTOR PHYS. director, pag should be file Page 4 may 22c. PHYSICIAN 22d. ADDRESS NAME (Type) 0 3a. BURIAL CREMATION, 23b.
REMOVAL (Specify)
Apr NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) (State) DATE THERED .1966onfederate Cem REC'D BY FUNERAL DIRECTOR Sons Wash..D.C. Joseph Gawler's VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05692 CERTIFICATE OF DEATH funeral 24 hours after death, alld PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) by the Pages 1 after b. CDUNTY Montgomery Maryland Montgomery MARYLAND CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b Silver Spring daus Silver Spring Ξ non lapers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ACORESS IS RESIDENCE ON A FARM? Holy Cross Hospital 2368 Glenmont Circle ND 🔽 YES letely carmon NAME OF DECEASED Elest Middle DATE Month Day and in any event, (Type or print) Eva М. Wallauer DEATH Compl 1966 April 26 5. SEX 6. CDLOR DR RACE 8. DATE OF BIRTH 7. MARRIEO T NEVER MARRIED AGE (In years | IFUNOER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 3/10/1900 DIVORCEO [WIODWED | Female White 10a. USUAL OCCUPATION (Give kind of work done) 10b. KING DF BUSINESS DR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT physicially ease during most of working life, even if retired) INDUSTRY CDUNTRY? Own Home Housewite Pennsylvania law requires that the death certificate removal, 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME attending ph grmit. The∎ Jacob M. Houser Polly Zehner 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT mermit. 능 (Yes, no, or unkown) (If yes give war or dates of service) enmont No Mr. Roy Wallaner None 1225-05-1395B cremation, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. Cardiac tamponade IMMEDIATE CAUSE (a) signed the burial, c Dissecting OUF TO Conditions, If any, which Ditecting aortic aneurysm gave rise to immediate **OUE TO** cause (a), stating the Myocardial hypertrophy underlying cause last. (c) 62 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY or use Health PERFORMEO? certificate YES K ND [20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20b. DESCRIBE HDW INJURY DCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) ġ, detached 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While: p.m. at work at work 1966 to 26 April 19 66 P 23 April 21. I certify that (I) (this-hespital) attended the deceased from DIRECTOR: age 3 should iled with the saw the deceased alive on 26 April 19 66 and that death occurred at 9:10M. from the causes and on the date stated above. 22a. SIGNATURE **CATE SIGNEO** page filed ATTENDING STAFF PHYS. M.D. DIRECTOR may FUNERAL HOSPITAL PHYSICIAN'S 22d. ADDRESS 1302 18th Street, N.W. TO FUNERAL director, p should be 1 NAME (Type) Robert T. Kelley, M.D. Washington, D.C. 23b. DATE THEREOF BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) (State) REMOVAL (Specify) Lincoln Cemetery Burial Prince yearge (.0 FUNERAL DIRECTOR REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 25a. 1966 VR A15 (4) UNDITTEU 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Maryland Montgomery Montgomery MARYLAND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)
Chevy Chase C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 10 Grafton Street 10 Grafton Street within No X YES pou 3. NAME OF Middle DATE Month Year DECEASED DF April 了966 Cooper Waller Austin (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS signed by the attending physician and couriel-transit permit. Then please remove urial, cremation, or removal, and in any evention, or removal, and in any evention. last birthday) Months I Days Male White 29-1884 WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done, 10b. KIND OF BUSINESS OR 12. CITIZEN DF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Retired-Banker Iowa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Ellen Cooper John Robert Haigh Waller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) 3182 See Item No. Yes 578 07 Fannie May Waller: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. the hospital or attending physician. 25 unin IMMEDIATE CAUSE (a) s been signed the burial-tion to burial, DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 19. WAS AUTOPSY PERFORMED? or u ND YES -20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) OCCURRED, (Enter nature of Injury In Part 1 etached f Dept. of MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While be Stat at work at work may be retained OIRECTOR: A age 3 should lied with the 707 21. I certify that (I) (this hospital) attended the deceased from 1966 that (1) (we) last 190 and that death occurred at 8 4 M, from the causes and on the date stated above. saw the deceased alive on @ 22a. SIGNATURE 22b. page ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR O FUNERAL director, pa PHYSICIAN'S ADDRESS 22c. 22d. NAME (Type) ge H. Mitchel] 4890Battery ∀ Bethesda. Lane. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Silver Spring Gate .966 Of Heaven Cem REC'D BY REGISTRAR FUNERAL DIRECTOR Joseph Gawler's VR A15 (4) 20M 1/65

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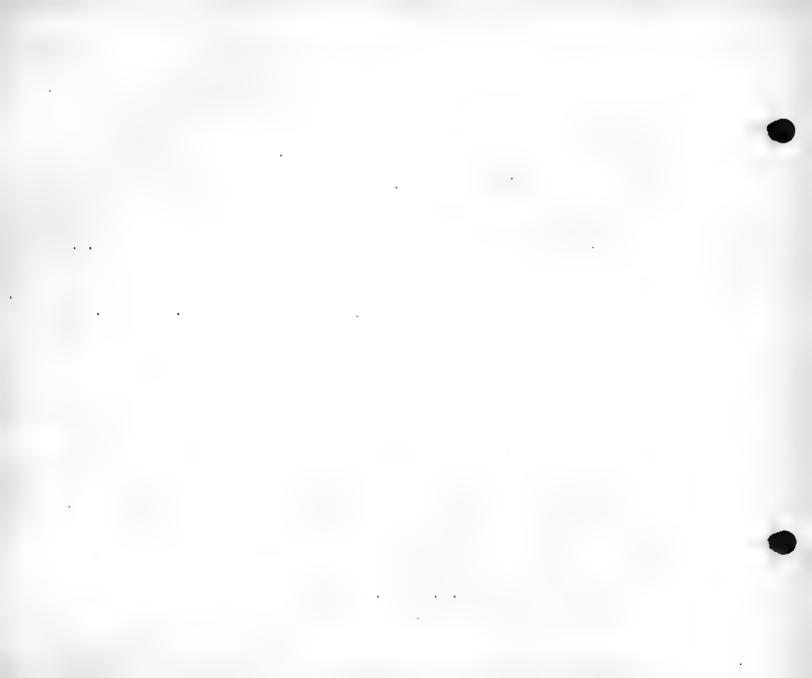


1 (M)	DIVISION O5633	OF STATISTICAL	MARYLAND STATE DE RESEARCH AND RECORD CERTIFICAT	EPARTMENT OF IS, 301 W. PRESTON TE OF DEATH	HEALTH STREET, BALTIMO	RE 1, MARYLAND
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eath certificate be e attending physician ermit. Then please fr	13. FATHER'S NAME HILLAR	Y T. HIGGIN	S	14. MOTHER'S MAIDE SARAH M	N NAME WILLIAMS Addres	
PHYSICIAN: The law requires that the death of the hospital or attending physician. This certificate has been signed by the attendetached for use as the burial-transit permit. Dept. of Health prior to burial, cremation, or	(Yes, no, or unkown) (If nO) 18. CAUSE DF DEA PART I. OEATI 3 3 4 X Conditions, If any gave rise to Im cause (a), static underlying cause Is PART II. OTHER SIG!	THE LENTER ONLY ONE CAUSE H WAS CAUSED BY: MMEDIATE CAUSE (a) OUE TO (b) Mediate ng the OUE TO (c) (c) (c)	10. SOCIAL SECURITY NO. 17. 217-18-1457B-Au The per line for (a), (b), and (c).] CELEBRO - VASC W CENERALIZED INTRIBUTING TO DEATH BUT NOT REL	brey Walters LAR ARTE ARTERIOSC	RIOSCLERESI,	interval between onset and death
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the idirector, page 3 should be detached for use as the burial-transit permit. Then please ferrowe carbon papers. Pages I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any every, within 72 hours after the prior to burial, cremation, or removal, and in any every, within 72 hours after the prior to burial, cremation, or removal, and in any every, within 72 hours after the prior to burial, cremation, or removal, and in any every, within 72 hours after the prior to burial, cremation, or removal, and in any every, within 72 hours after the prior to burial, cremation, or removal, and in any every.	20c. TIME OF INJI Hour a.m. p.m.	S UNDERLYING TO A CAUSE OF DEATH Y MEDICAL EXAMINER) URY Month, Day, Year 19 hat (I) (this hospital) sed alive on 4	20b. OESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED 20e. PL While Not While at work at work at work at work at work at lended the deceased from	ACE OF INJURY (Home, farrorr, street, office bidg., etc.)	n, 20f. (City or town)	(County) (State) (County) (State) , 1964, that (I) (we) last and on the date stated above. 22b. DATE SIGNED 4/5/66
TO HOSPIT Page 4 m To FUNERA director, should be	NAME (TIPE) 23a. BURIAL CREMATI REMOVAL (Specific Burial	chard H. Po	1966 Darnestown	10511 Sur RY OR CREMATORY Pike 25a. REC'		wn or county) (State)



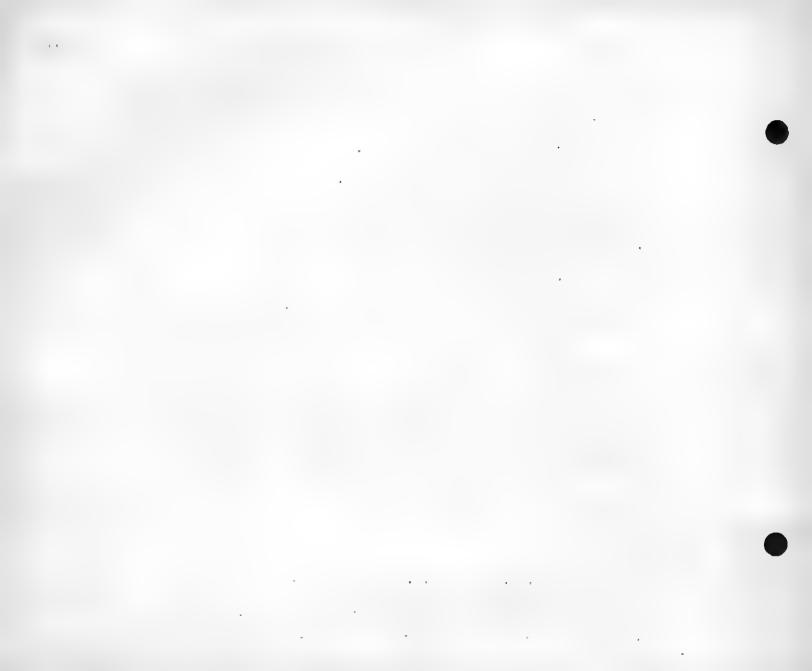
1 😾	MARYLAND STATE DEPARTMENT OF HEALTH				
. ~	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
# 돌고구.	CERTIFICATE OF DEATH (15692)				
tuneral and 2 death.	1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY b. COUNTY A				
the ges	1 PLONI GOME AV LOUIV V MARYLAND I VI) d. IIINI TOMO TV				
by the Page	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
중 변경	Silver Spring Se Kours Silver Spring				
24 ho fifted papers in 72 h	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS On A FARM?				
	HOLY CIPOSS HOSPIVE 1922 COCUST Grove TO VES NO A				
Althi etel bon wii	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year				
D D D	DECEASED (Type or print) 12 V/Or J. Wander Der Death 4- 18-1966 5. SEX / 6. COLGR OR RACE 17 MARQUED NEVER MARQUED 18. DATE OF BIRTH 19. AGE (In years in Funder 24 HRS.				
executed within and completely remove carbon and respect, with	Markiel Rever Markiel Min. Iast birthday Months Days Hours Min.				
a and a second	10a. USUAL OCCUPATION (Give kind of work done, 10b. WIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT				
be cial ase	COUNTRY?				
ate hysi ple II, al	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME				
certificate nding physi . Then ple removal, a	Simon Warnler Martia Ones				
ceri ndin ren	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT				
at the death certification. ian. d by the attending pransit permit. Then cremation, or remove	(Yes, no, or unknown) (If yes give war or dates of service) No se Nrs. Paymond Pickett Silver In its.				
- = - - - - - - - - - - 	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH				
hat the ician. ied by i-transii i, crem	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (2) Acute myocardial infarction				
res that physician signed I purial-tra	540/ DUE TO				
ires phy phy buri buri	Conditions, if any, which Perforated gastric ulcer				
requires that is the physic peen signed the burial-look to burial-look to burial.	cause (a), stating the DUE TO				
law rittend has has as prior	underlying cause last.) (c) Peritonitis				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
at o at o fica fica fica	YES NO -				
Cert cert hed it. of	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
eta the bear	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)				
After the After	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. (City or town) (State) 20f. (City or town) 20f. (City or				
	21. I certify that (I) (this-hespital) attended the deceased from 3-2/, 19/0/e, to 4-(2, 19/0/e that (I) (we) last				
R ATTENI e retaine RECTOR: 3 should with the	saw the deceased alive on - 14-18 19 16 and that death occurred at 15 PM, from the causes and on the date stated above.				
OR ATT be reta linecto	228. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF 22b. DATE SIGNED				
TAL OR may be tal DIRI	M.D. PHYS. DIRECTOR PHYS. DI 9 (0 (0 /0)				
<u>5</u> 4 12 2 1	NAME (Type) Jason Gelger Sluer Spring Mind				
Page Page O FUN direct should	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)				
	B 3 in 12 inril 1966 Barre: "idas Cemetery Ananeta County Da				
	24. FUNERAL DIRECTOR HEAVENUS. 843'4 GEORGIA AURINE 250. REGISTRAR 250. REGISTRAR'S SIGNATURE				
VR A15 (4) Z	tarer E. Pumphney, Vinc. Silven Sphina, Md. pMPR 21 1966 flances Judges				

Titem 21 Film G376 5/20/6MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
FOR STATE	⊕569€ MEDICAL EXAMINER'S CERTIFICATE OF DEATH	95693			
HEALTH DEPT.	1 PLACE OF DEATH o. COUNTY Montgomery MARYLAND 2 USUAL RESIDENCE (Where deceosed lived, if institution is o. STATE or STATE o	Residence before odmission) Contgomery			
r death if any delay is ve Pages 1, 2, and 3 to g with farm PM3. Page the State Department of in 72 hours after death.	write RURAL on give nearest town) Kensington 1 month Chevy Chase. Md.	nd give neorest town)			
th If ges 1, farm farm hours of	d NAME OF HOSPITAL OR .NSTITUTION (If not in hospital, give street address) Carroll Nursing Home 25 W. Irving	e IS RESIDENCE ON A FARM? YES NO			
24 haves after death. If in Item 18. Give Pages 1, r's Office along with farm ss Yand Zwith the State De ny event wingin 72 hours	3 NAME OF First Middle Lost 4 DATE Month OF Clype or print) Louise M. Ware DEATH April	Doy Year 5, 19 66			
hours after tem 18. Give Office along ond 2 with the event within the	Female White WIDOWED X DIVORCED July 17, 1872 93 lost birthdoy) yis	UNDER 1 YEAR IF UNDER 24 HRS Inths Doys Hours Min.			
24 S 's 'S	100 USUA. OCC.PATION (Give kind of work done during most of working life, even if retired) 10b K NO OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 10b K NO OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 10b K NO OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 10b K NO OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 10b K NO OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 10b K NO OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 10b K NO OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 10b K NO OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 10b K NO OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 10b K NO OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 10b K NO OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 10b K NO OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 10b K NO OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 10b K NO OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 10b K NO OF BUSINESS OR	12 CITIZEN OF WHAT COUNTRY?			
I within 24 I m pentil in l Examiner's File pages and in ony	13 FATHERS NAME Fichard E. Trotman Margaret Connor				
cuted v ng" in dical Ex rmit. Fi svol, ar	15 WAS DECEASED EVER NUS ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 10 Address rone 17 INFORMANT Address r.J. mes Limsatt, 25 1Irving	St. Chevy Chase			
certificate should be executed , writing the ward "pending" in brwarded to the Chief Medical E used as a buriol-transit permit. F buriol, cremation, ar remayol, a	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Urenia DUE TO Conditions, form, which gove (b) Diabotros Molitars	interval Between 2 onset and Death Weeks Years			
This certificate should cate, writing the ward be forwarded to the Clebe used as a buriot-tre to buriot, cremation,	rise to immediate couse (a), storing the underlying couse lost (c) Generalized Arterio-sclerosis PART II OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a)	Years			
his cer ate, w e forw be use ta bu	Fracture left hip	19 WAS ALTOPS Y PERFORMED? YES NO			
建工 型 .0	200 EXTERNAL CAUSE WAS PRIMARY DIOT CONTRIBUTING CAUSE OF DEATH. 201 DESCRIBE HOW INJURY OCCURRED (Enter noture of Injury in Port I or Port II of Item 18) Fell at home causing fracture of left 202 202 TIME OF NURY Month, Day Year 203 INJURY OCCURRED 209 PLACE OF INJURY (Home, form, 204 (City or town))	: hip. (County) (Stote)			
EXAMINER: cute the cert age 4 shault r your files. Page 3 shau ed agent, pr	20c TIME OF NURY Month, Day Year Hour o.m 2/14/ 19 66 While of work Not While Not Work Not While Not Work Not While Not While Not Work Not Wore	Mont Md			
O DEPUTY MESSAL EXAMINETESSORY, please execute the funeral director. Page 4 5 may be retained far your 5 FUNERAL DIRECTOR: Page Health or its designated age	death resulted fram. Natural causes [25], Accident [25], Suicide [17], Homicide [17], Undetermined monni				
JTY Mec. 17, please e eral director be retained RAL DIRECT ar its design	SIGNATURE John 5. D 3000 M.D. ASS STANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22. DATE SIGNED			
necessory, in the funeral 5 may be r for EUNERAL Health ar is	NAME (Type) John G. Ball. M. D. Mont. County Address (Street, city, town, or county) 230 BUR AL, CREMATION, 230 DATE/THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d ACCATION (City or Town)	4/5/66 (County) (State)			
VR A15ME (5)	24 F.INPRAL DIRECTOR Chury Chase From Home Stierling Company DAPR 1 2 1966 JCha	RAR SIGNAURE PLOS JUDGE			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1 PLACE OF DEATH e. COUNTY b. COUNTY Montgomery Maryland MARYLAND Montgomery
b. CITY OR TOWN (.f outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) by the c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Laytonsville .= Kensington d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled ON A FARM? 20904 Brboke Knolls Rd. Carroll Manor Nursing Home NO X etely executed within DATE OF DEATH Day Month 3. NAME OF Middle First DECEASED 19 66 WARFIELD 26 VILLIAN E. (Type or print) AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS DATE OF BIRTH 9. 5. SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED (ast birthday) Months White Days Hours Male 15 April 1889 WIDOWED by 12. CITIZEN OF WHAT COUNTRY? 11 BIRTHPLACE (County & State, or foreign country) 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR certificate be during most of working life, even if retired) INDUSTRY removal, and USA Marvland Building Carpenter 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sarah King Bradley Warfield 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. death (Yes, no. or unkown) | (If yes give war or dates of service) 577-10-9561 Wilson E. Warfield Item # 2 cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) by the hospital or attending physician. DUE TO HYPERTENSION Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the prior ERIOSCILE RUSIS underlying cause last, TO FUNERAL DIRECTOR. After this certificate has director, page 3 should be detached for use as sllould be filed with the State Dept. of Health pric WAS AUTOPSY RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERFORMED? NO E YES HEMORRHAGE E REAT HEMIA 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20f. (City or town) (County) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour e.m. Not While et work ... et work TENDIN 21. I certify that (I) (this hospital) attended the deceased from APRIL 10, 1963, to APRIL 26, 19 66, that (1) (we) last be retained 19 66, and that death occurred at MM, from the causes and on the date stated above. saw the deceased alive on APeik 26 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. M.D. DIRECTOR PHYS Page 4 may 22d. ADDRESS 520 PHYSICIAN'S Henry Lowden NAME (Type) CH450 (State LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF BURIAL, CREMATION. REMOVAL (Specify) Rockville 4/29/66 Buria! 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR yson Wheeler Funeral HomeRockville, Md. DATMA VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05699 CERTIFICATE OF DEATH 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. If filled in by the funeral our papers. Pages 1 and within 72 haurs after deatl PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. SIAIE Maryland a. COUNTY Mont-GONECY Montgomery MARYLAND c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If gutside corporate limits. c. LENGTH OF STAY IN 1b Bethesda (rural) Gaithersburg days d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM? filled U. S. Naval Hospital, Bethesda, Md. Route 1. Box 392 campietely fi iave carban | NAME OF Middle 4. DATE Year DECEASED OF DEATH Crawford WEBB John April 19 66 10 (Type or print) IF UNDER I YEAR I IF UNDER 24 HRS 9 AGE (In years 5 SEX 6 COLOR OR RACE 7 MARRIED B. DATE OF BIRTH NEVER MARRIED last birthday) Months Days Hours July 31, 1898 Male Cauc. WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stole, ar fareign country) 12 CIT ZEN OF WHAT during most of working life, even if retired INDUSTRY Michigan City. Indiana 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elsworth R. Webb Anna Shaw Address burg, Maryland 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes, ga, or unknown) (If yes give war or dates of service) NONE Mrs. Helen Webb, Route 1, Box 392, Gaithers NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: signed by the burial-transit ONSET AND DEATH Cancer of the pancreas with metastases IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave (b) rise to immediate cause (o), DUE TO stating the underlying cause this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART !(o) NO [205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Doy, Year factory, street, affice bldg., etc.) TO FUNERAL DIRECTOR: After 21. I certify that (t) (this hospital) attended the deceased fram April 5 , 1966, ta April 10, 1966, that (f) (we) lass as the deceased glive an April 10 1966, and that death accurred at 954A M, fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING 11 April 1966 Vairs M.D. director, page should be filed 22c. PHYSICIAN'S V. S. Naval Hospital, Bethesda, Md. J. E. DAVIS, M.D. NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town). 23a. BUR-AL, CREMATION, (State) 4-12 25g REC D BY REGISTRAR REGISTRAR'S SIGNATURE Pumphrey // Figure 8434 Georgia Ave. Silver DATE Spring 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, CERTIFICATE OF DEATH hours after death PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Montgomery
b. CITY OR TOWN (if outside corporate limits, MARYLAND Marvland Howard c. LENGTH OF STAY IN 1b c. GITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) bon papers. Pag within 72 hours Clarksville Olney d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS **8. IS RESIDENGE** ON A FARM? YES NO T Montgomery Co. General Hospital Trotter Road death certificate be executed within TOQ. 3. NAME DE Middle Last DATE Month Day Year **OECEASED** (Type or print) DEATH WEIGLE sician and con lease remove and it any eve 5. SEX 6. GOLOR OR RAGE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED last birthday) Months Hours Male WIOGWED DIVORGED [Feb. 7.1893 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLAGE (County & State, or foreign country) 12. GITIZEN OF WHAT INDUSTRY Retired Dairy Business Washington .D.C. 13. FATHER'S NAME MOTHER'S MAIDEN NAME геттома Jacob Albert Rose Timmerman 15. WAS DECEASED EVER IN U.S. ARMEO FORGES? 16. SOCIAL SEGURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) (If yes give war or dates of service) Mrs. Betty Kreuzburg, Pikesville, Md 577-03-6705 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS GAUSED BY: IMMEDIATE GAUSE (a) Cachexia and profound anemia month been signed the burial-transor to burial, creater to burial, creater to burial, creater the burial to burial treater to burial Prickle cell carcinoma of lip with metastases to liver, spleen, pancreas) - 18 months Genditions, If any, which gave rise to immediate and bone marrow DUE TO cause (a), stating the underlying cause last, FICATION PART II. OTHER SIGNIFICANT GONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? coronary sclerosis c chronic myocardial failure YES X NO 20b. DESGRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACGIDENT WAS UNDERLYING ġ, OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLAGE OF INJURY (Home, farm, factory, street, office bidg., etc.) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) Hour a.m. Not While 1863, to_ 4-5- 19 66, that (1) (vec) last 21. I certify that (I) *this dressits() attended the deceased from_ 3 - 30 -____19_66, and that death occurred at 5 X M, from the causes and on the date stated above. saw the deceased alive on. 4-4-22b. DATE SIGNED 22a. SIGNATURE ATTENDING X page 4-5-66 DIRECTOR PHYS TO FUNERAL director, pa 22d. ADDRESS 22c. PHYSIGIAN'S NAME Harles S. Whitaker, M.D. Clarksville, Maryland 23d. LOGATION (City, town or county) 23a. BURIAL, GREMATION, 23b. REMOVAL (Specify) DATE THEREOF 23c. NAME OF GEMETERY OR GREMATORY (State) Linthicum Chapel Clarksville . Md Burial REG'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR .C. Higinbothom, Ellicott City, Md 20M 1/65

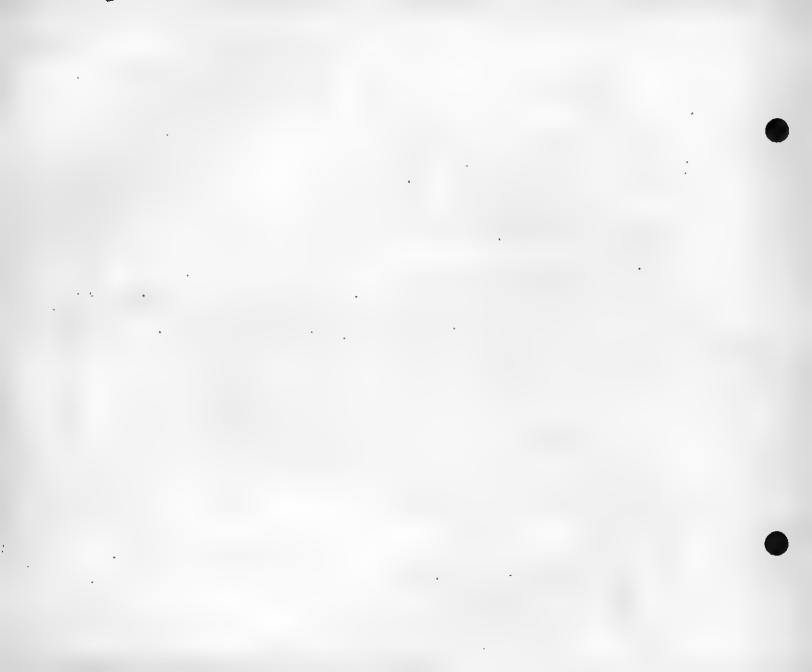
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DIVISION OF STATISTICAL RESEARCH AND 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edinission e. COUNTY Montgomery

b. CITY OR TOWN (if outside corporate limits. MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown) write RURAL and give nearest town) Silver Spring Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? 2604 Jennings Road 2604 Jennings Road YES NO 3. NAME OF DATE DECEASED OF Julius. Adolf DEATH (Type or print) Weishaupt 11 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday] Months WIDOWED DIVORCED 22 Sept. 1886 10s. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY! 11. BIRTHPLACE (County & State, or fore gn country) done during most of working life, even if relired) West Virginia Bldg. Construction Ret. Carpenter 13. FATHER'S NAME John Weishaunt Sophia Mersing 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORT Florence P. Weishoupt 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Massive myocardial infarction. hour IMMEDIATE CAUSE (e) Coronary artery disease. unknown Conditions, if any, which gave rise to immediate cause **DUE TO** (e), stetling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO IT 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Not While While et work et work saw the deceased alive on....4/11/............19...66, and that death occurred at 10:10/10/11/11/the causes and on the date stated above. 22e. SIGNATURE DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S 11602 Gdorgia Ave., Silver Spring, Md. Morris Perry. M.D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23. BURIAL, CREMATION, 23b. DATE THEREOF 0.5.8 April 1966 | Parklawn Cemetery Rockville. Maruland 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) Silver Spring.



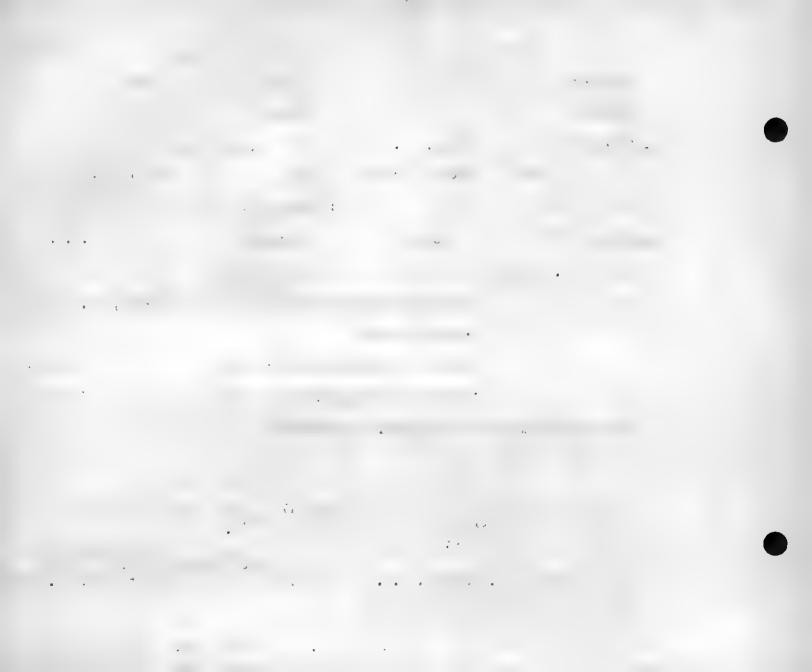
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05702 CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY es 1 the MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town ۵ write RURAL and give nearest town) SILVER = NUER papers. in 72 h filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES ND X executed within completely carbon NAME DE First Middle Last DATE Month niders DECEASED (Type or print) **ÖEATH** - 1966 SEX 6. COLOR OR RACE DATE OF BIRTH remove AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) | Months | Days and any Hours 9-13-06 WIDOWED DIVORCED .≘ 1Da. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician please þ during most of working life, even if retired) COUNTRYZ and 50 INDUSTRY OMAD ETEL OR argicultu 1.Cet 01 that the death certificate 13. FATHER'S NAME removal, D MOTHER'S MAIDEN NAME attending phermit. Then Anderson: Johanna Johanson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address Ь (Yes, no, or unknwn) (If yes give war or dates of service) hauer cremation, No Frederick 220-44-7346 the been signed by until the burial-transit in to burial, cremati CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PRINCIPLY TO SECURITY BASE 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. SE CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? 4 NO T YES T 20a, ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Part II of Item 18.) detached for the Dept. of I DR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dd. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 0 21. I certify that (I) (this hospital) attended the deceased from the 66 that (I) (we) last 1966 , and that death occurred at 7 saw the deceased alive on .M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. STAFF DIRECTOR PHYSICIAN'S 8 ADDRESS director, p should be 1 22c. 22d. 23a. BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Pockville. Maruland Parklaun Cemetery 24. FUNERAL DIRECTOR 8474 (ADDRESS) 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) Den Sprisia.



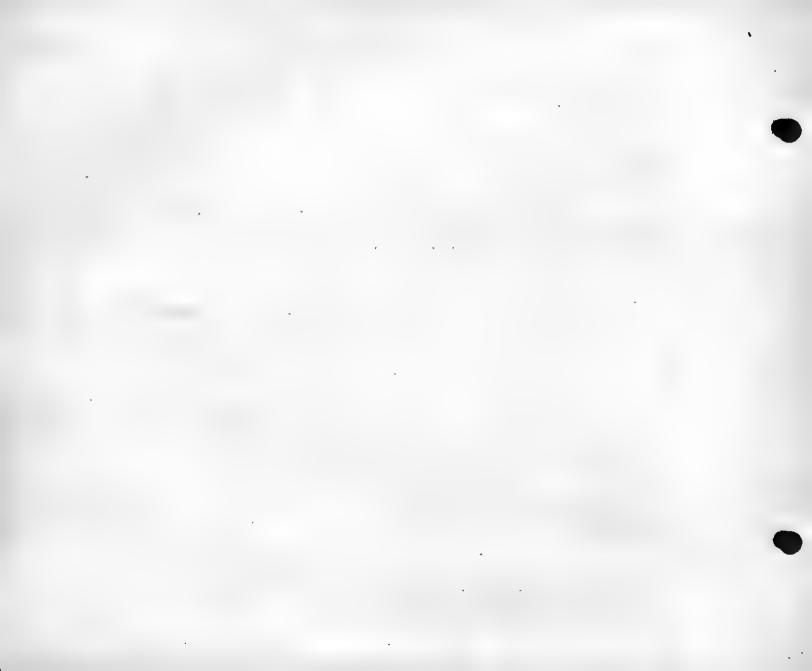
4	1 (M	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	4 50 E	1_	05703 CERTIFICATE OF DEATH 05690
	after death. the funeral ges 1 and 2 after death	1.	PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE b. COUNTY
	rrs after by the Pages 1 burs after	-	MONTGOMERY MARYLAND D. CITY OR JOWN (if outside corporate limits, write RURAL and give nearest town) a. STALE D. COUNTY MONTGOMERY C. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)
	2 2 2		STIVER SBRING VEHK STIVER - DEING ::
	24 ho filled i papers. iin 72 h		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE DN A FARMAT
	ithin 24 h tely filled bon papers within 72	-	Holy (Ross Hospital 13109 reach Crechard Rd. YES NOTE
	rted within completely ve carbon event, with	3.	DECEASED OF WORLD
	comple ve carl event,	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HR
	ficate be executed physician and core in please remove wal, and in any everyal, and in any everyal	1	Female White WIDDWED TO DIVIDENCE A - 24 91 last birthday) Months Days Hours Min
	e example exam	10 du	B. USUAL DCCUPATION (GIVE kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DE WHAT
	te bysici		HOUSEKIFE GERMANY U.S.A.
	ing ph	13	FATHER'S NAME
		15	5. WAS PECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	that the death certificate be executed within sician. Sician. Single by the attenuing physician and completely al-transit permit. Then please remove carbon al, cremation, or removal, and in any event, with	(Y	es, no or unkown) (If yes give war or dates of service) 274 09-2985 mrs. Trieda Fit bortrick- Same as #
	at the dealism. d by the arransit per		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
	at the ian. d by transi		PART I. DEATH WAS CAUSED BY: Cicule Myscardial Sufarction monagents
	attending physician. I las I le signed by the se as the burial-transit. In prior to burial, cremat.		conditions, if any, which) DUE TO Hypertensive liviters solventire Caroles -
	ding plung p		gave rise to immediate
	aw rettendir		underlying cause last. (c)
		TION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	N: The Is tal or at tificate life to use for use it Health	IFIC/	YES NO I
	ospi carl hed t. of	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	olng PHYSI of by the h After this d be detacl	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, Pour a.m. 20f. (City or town) (County) (State) 4 Hour a.m. 4 While at work 20f. (City or town) 20f. (City or town) (County) 20f. (City or town) 20f. (City
	ENDIN ined b iR: Att ould b the St	≥	21. I certify that (I) (this hospital) attended the deceased from 3-2-2 1966 to 4-10 1966 that (I) (we) las
_	ATTENDI retained ICTOR: Ai Should with the S		saw the deceased alive on 4/16/ 1966, and that death occurred at M. from the causes and on the date stated above
	OR A DIRECT PROPERTY OF A WILLIAM PROPERTY O		Demand a Tylical M.D. ATTENDING MED. STAFF H-10-66
	TO HOSPITAL OR ATTENDE Page 4 may be retained TE FENERAL DIRECTOR: A director, page 3 should should be filed with the		220. PHYSICIAN'S NAME (TYPE) SERNARO A. FITZGERALD 217 UNIU BLUDE. SILVEN SPENG, Md.
	Page - Page directs should	23	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	F F "	24	FUNERAL DIRECTOR, ADDRESS 2501, BEGISTRAR 2501, REGISTRAR SIGNATURE
	VR A15 (4) 20M 1/65	1	Trancis Callin 3821-14th St My Woof We DATE 12 1968 fcharles Judge
	,		



	1	K	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	RYLAND
	2 % N	VI	05704 CERTIFICATE OF DEATH	05700
	funeral and 2 r death		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Resid a. COUNTY b. COUNTY b. COUNTY	dence before admission
	after y the f ges 1 s after		Montgomery Maryland Virginia Emyth	
	s aff		Montgomery MARYLAND D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND Virginia C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	d give nearest town)
_	in "in "	_	Bethesda 6 days Marion	
	24 hours filled in by papers. Pa in 72 hours		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	y fi		The Clinical Center, Bethesda, Md. 20014 318 Clinton Avenue	YES NO X
	executed within 24 hours after n and completely filled in by the fremove carbon papers. Pages 1 in any event, within 72 hours after	3	DECEASED	Day Year
	omp ca ca	/	(Type or print) Dora Frances Elizabeth White DEATH Aprill 23 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y Last birthday) Married 19. AGE (In years IF UNDER 1 Y L	1966 FAR UF UNDER 24 HRS
	ecute nove		Formal a White Williams Day More 1014	ys Hours Min.
	la e e			ZEN OF WHAT
	Passing Passing	70	Housewife None Virginia COUN	S.A.
	ohys	17	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	, U , R ,
	law requires that the death certificate be attending physician. has been signed by the attending physician e as the burial-transit permit. Then please in prior to burial, cremation, or removal, and in		Walter W. Blevins Julia Surber	
	ce andi t.]		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANTARD 16. 1 Document of the second of the	
	atte atte	- 1	(Yes, no, or unknown) (If yes give war or dates of service) No Unascertainable The Clinical Center, Bethesda, Md.	. 20014
	the the ation	=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	NTERVAL BETWEEN ONSET AND DEATH
	requires that the death of ding physician. been signed by the atten the burial-transit permit. It to burial, cremation, or		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Cardiac Failure	ONSET AND DEATH
	that sicis med af-tr al, c		410 X DUE TO	
	sig sig		Conditions, If any, which \ (b) Mitral and Tricuspid Insufficiency	15 years
	law requirent trending has been as the briot to		gave rise to immediate cause (a), stating the DUE TO	
	law related that has be as the prior	Ι,	underlying cause last.) (c) Rheumatic Heart Disease	15 years
	e la att	ļ.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
	The or	2 1	Postoperative mitral and tricuspid replacement	YES X NO
	i PHYSICIAN: The law requires that to the hospital or attending physician. It this certificate has been signed by detached for use as the burial-tramite Dept. of Health prior to burial, ore.		PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Postoperative mitral and tricuspid replacement 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	HYSICIA ne hospi this cerl etached Dept. of			v) (State)
	######################################		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m.	/) (State)
	NG by be be be Stat			
	R. A		21. I certify that Mx (this hospital) attended the deceased from April 17, 1966, to April 23, 1966	, that 10 (we) las
	E SE		saw the deceased alive on April 23 1966, and that death occurred at 6:45 M, from the causes and on the	
	DR be		ATTENDING MED. STAFF CO.	
	AL C	, 1	22c. PHYSTCIAN'S 122d. ADDRESS he Clinical Center. Na	ational
	SPIT 4 n 4ER/ tor, d be	/	NAME (Type) Robert A. Buccino, M.D. Institutes of Health, Bethesda,	
	TO HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the I TO FUNERAL DIRECTOR: After this director, page 3 should be detail should be filed with the State De	2	23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count	
	T T S		Removal (Specify) Rurial 1./26/66 Rose Lawn Cemetery Marion, Virginia	
			24. FURTHER DIRECTOR 250. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR'S S	
	VR A15 (4)		Arlington Funeral Home Fairfax Drive DATAPR 26 1968 Icharles	Judge.
	20M 1/65	1		11-19



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05205 CERTIFICATE OF DEATH he law requires that the death certificate be executed within 24 hours after death funeral 1 ond 1er degr PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY ompletely filled in by the fur ve carbon papers Pages 1 event, within 72 haurs after MARYLAND b CITY OR TOWN (I outside responde limits. c. LENGTH OF STAY IN 15 write RURAL good give neonest town d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? NO X NAME OF DATE DECEASED OF DEATH (Type or print) SEX 6. COLOR OR RACE AGE (In veors IF JNDER I YEAR 7 MARRIED NEVER MARRIED last 1 rthday) Doys WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) Govt. 13. FATHER'S NAME CAUSER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no or unknown) (If yes give war or dates of service) 177-07-6223 Mabel F. White Same as Item #2 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) INTERVAL BETWEEN SONSET AND DEATH PART I, DEATH WAS CAUSED BY Coronary Thrombosis IMMEDIATE CAUSE (o) DUE TO Mgoczrdiel Inforction. Conditions, if any, which gave rise to immediate couse (a). DUF TO stating the underlying cause Caritio Vasoular Disease WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION NO 200 ACC DENT WAS UNDERLYING □ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18,) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) O FUNERAL DIRECTOR: After this Hour a.m. factory, street, office bidg, etc.) While Not While of work 220 SIGNATURE 22b DATE SIGNED STAFF 13 april 66 DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) John G. Ball. 7936 Old Georgetown Rd., Bethesda 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) MC(State) BuffMiwtransit 4/16/66 Grove Hill Cemetery Oil City, Pennsylvania 2So, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Bethesda, Md. Pumphrey VR A15 (4) 20 M 1/66 Misseles Judge



AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 05706 MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. STATE Maryland b. COUNTY Montgomery Montgomery MARYLAND death. c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) b. CITY OR TOWN (If outside corporete limits, C. LENGTH OF STAY IN 1b funer may b Write RURAL and give nearest town) Silver Spring Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS A. IS RESIDENCE ON A FARM? ay is 3 to t State 115 Woodridge Avenue Holy Cross Hospital NO PQ YES and and 3. NAME OF Middle DATE Month Year DECEASED (Type or print) Daw DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Days Hours Min. 5. SEX 9. DATE OF BIRTH 6. COLOR OR RACE 8. 7. MARRIED PO NEVER MARRIED EL O Male 60 DIVORCED 1905 WIDOWED and 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Bendix corp. SCDERVISO1 Nebor Missouri pages In any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arthur White Leona Grad File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 5-19-50-1706 15 Woodridge Avenue (Yes. no, or unkewn) | (If yes give war or dates of service) 5 4 permit. removal, Anna White Les INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), tb), and (ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (e Medical DUE TO Conditions. If env. which (b gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 119 WAS AUTOPSY PERFORMED? CERTIFICAT NO YES 80 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should ent, pri shou agent, MEDICAL (County) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year I certificate, factory, street, office bldg., etc.) Hour a.m. While Not While at work 19 et work should be 21. I certify that I took charge of the remains described above, held an Autopsy and In my opinion Inspection RECTOR: Undetermined manner Suicide Homicide Natural-causes CHIEF MEDICAL EXAMINER YOUR execute ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 0 (DEPUTY MEDICAL please ex director. retained Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY LOCATION (CITY, town or county). (Stete) 23c. 23a. BURIAL, CREMATION, **BEMOVAL** (Specify) Arlington National Arlington. 0 Virginia 25a. REC'D BY REGISTRAR | 25b. 24. FUNERAL DIRECTOR 1966 VR A15ME nc. Silver Spring. 3500 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05703 CERTIFICATE OF DEATH ate be executed within 24 hours after death. geo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE b. COUNTY Montgomery Maryland Montgomery MARYLAND b. CITY OR TOWN (it autside corparate limits, write RURAL and give negrest town)
Betnesde c EITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b ely filled in by the ban papers. Page within 72 hours a 6 days Bethesda d NAME OF MOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RES DENCE ON A FARM? 4502 Delmont Lane U. S. Naval Hospital YES NO K Middle 3 NAME OF First Last 4 DATE Year Day DECEASED WHITESIDE (Type or print) Donna Elizabeth DEATH April IF UNDER 24 HRS S SFX 6 COLOR OR RACE 9 AGE (In years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED E B. DATE OF BIRTH last birthday) Manths Doys 13 Female DIVORCED | Sept. 30, 1959 Cauc WIDOWED 6 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CT ZEN OF WHAT during mast of warking life, even if retired) COUNTRY? INDUSTRY Rapid City, South Dakota USA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME PHYSICIAN: The law requires that the death certif Daniel Fowler Whiteside Patricia Dale Littleton 17. INFORMANT Dr. Daniel Whites Mide 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) ((If yes give war at dates af service) 16 SOCIAL SECURITY NO. 4502 Delmont Lane, Bethesda, Maryland No None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) NTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Bronchial pneumonia IMMEDIATE CAUSE (a). DUE TO Conditions, if any, which gave Cystic fibrosis rise ta immediate cause (a). DUE TO stating the underlying cause as the WAS AUTOPS! PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate has use detached far use te Dept, af Health 2 YES - NO [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg , etc.) Not While TO HOSPITAL OR ATTENDING Page 4 may be retained by the at wark TO FUNERAL DIRECTOR: After 21. I certify that () (this haspital) attended the deceased from April 7 _, 19.66 , ta April 13 , 19.66 , that (} (we) last saw the deceased alive an April 3 19 66, and that death accurred at 1210 M, from causes and an the date stated above. 22b DATE SIGNED 220 SIGNATURE MED. DIRECTOR STAFF PHYS. 14 April 1956 MD PHYS 22d. ADDRESS 22c. PHYSICIAN'S U. S. Naval Hospital, Bethesda, Md. NAME (Type) Lwoch. M. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) (State) 230 BURIAL, CREMATION, BREMOVAL (Specify) 4-15-66 Parklawn Cemeterv Rockville. Maryland ADDRESS 24 FUNERAL DIRECTOR R. A. Pumphrey Funeral Home, 7557 Wisconsin Ave., Bethesda, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05705 05709 CERTIFICATE OF DEATH within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE Virginia a. COUNTY h COUNTY Montgomery MARYLAND b CITY OR TOWN (if outside corporate limits. C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside comprote limits, write RURA), and give negrest town) write RURAL and give nearest town Bethesda (rural) 9 days Falls Church d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? U. S. Naval Hospital 1724 Olney Road NO XXX carbon 3 NAME OF Middle DATE Month Year DECEASED Don Bradlev MOTITION April 21 19 66 (Type or print) DEATH requires that the death certificate be executed 9 AGE (In years IF LNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 3 8. DATE OF BIRTH birthdoy) Hours Mar. 26.1964 Male Cauc WIDOWED DIVORCED the attending physician and sit permit. Then please rem 11 81RTHPLACE (County & State, or foreign country) 1Do USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? Rhode Island USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or remayal. Jon W. Whitton Mary Jane Harbin Address Church, Va. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service Mr. Jon W. Whitton, 1724 Olney Rd. Falls/ INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c)) **burial-transit** ONSET AND DEATH PART I. DEATH WAS CAUSED BY Hemaphilus influenza meningitis - IMMEDIATE CAUSE (o) DHE TO Conditions, if only, which gove Encephalomalacia rise to immediate couse (o), DUE TO stoting the underlying couse the has been 19 WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES TY NO F O FUNERAL DIRECTOR: After this certificate for 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While at wark of work 21. I certify that (it (this haspital) attended the deceased fram Apr. 12 19.66, ta Apr. 21, 19.66, that (* (we) last saw the deceased alive an Apr. 21 1966, and that death accurred at 645 th, fram causes and an the date stated above. Apr. 22, 1966 22o. SIGNATURE STAFF PHYS. CF. M.D DIRECTOR 22d ADDRESS 22c PHYSICIAN'S NAME (Type) J. I. Lynch M. D. U. S. Naval Hospital, Bethesda, Maryland director, shauld 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. 8URIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) April Westview Cemetery Atlanta, Georgia 25b. REGISTBAR'S SIGNATUR 24 FUNERAL DIRECTOR IVERS Funeral Home, 2847 Wilson Blvd. Arlington 2So. REC'D BY REGISTRAR VR A15 (4) DATE APR 26 1966 20 M 1/66 Virginia

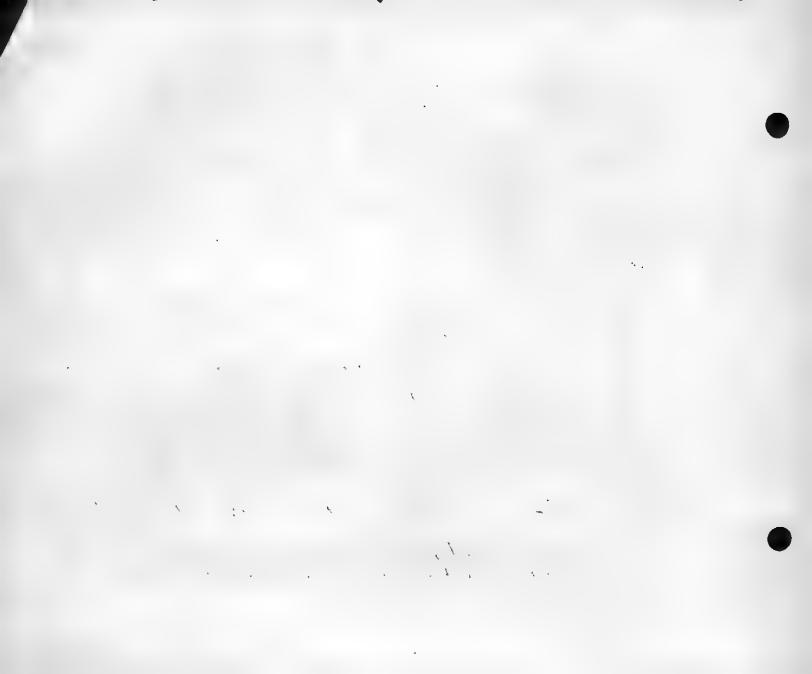
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, f institution: Residence before admission) o. COUNTY a STATE **b** COUNTY Poge 0 ÷ MARYLAND montgomery LENGTH OF STAY IN 16 XXVN (If autside carparate limits wilte RURAL and give nearest fawn) and ofter 8 IS RESIDENCE ON A FARM? MOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS hours YES NO 03 NAME OF DATE Manth Day Year DECEASED 0F Type or print) 10 1966 DEATH 6. COLOR OR RACE DATE OF BIRTH AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last pirthday) Months Days Hours WIDOWED DIVORCED event item | Office 10a SUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
ACCOUNTAIN **NDUSTRY** COUNTRY? Chief Medical Examiner's poges in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within William G. Wilson E. Christman File Maru 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Strout Street removal, (Yes, na, grunknown) (If yer give war or dates of service) 270-10-9022 Florence M. Wilson 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Ь Gunshot wound of head, through mouth. IMMEDIATE CAUSE (a) This certificate should the word cremotian, DUE TO with exsanguination. Conditions if any, which gave (b) 0 rise ta immediate cause (a), DUE TO stating the underlying cause te, writing tl forwarded t lost. burnol, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED? the certificate, No its designoted ogent, prior to 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of in Jry in Part or Port It of item 18) PRIMARXI or CONTRIBUTING should Deceased discharged loaded revolver in his mouth. CAUSE OF DEATH 20c T ME OF INJURY Month, Day, Yeor 10:15 pm 4/10 p 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) factory, street, office bldg , etc.) Not While at work 4/10 19 66 at work Silver Spring Montg. Md. pleose execute Home 21. I certify that I taak charge of the remains described above, held an Autapsy 🔀 Inspection . and in my apinion may be retained for FUNERAL DIRECTOR: Natural causes Suicide TX the funerol director. death resulted frath: -- Accident Hamicide Undefermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED 0 NAME (Type) DELDEN O FUNER lawn, or county) 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION. 23b. DATE THEREOF 23d LOCATION (City or Town) (Caunty) REMOVAL (Specify) 1966 Arlington National Cem. 14 April Arlington, Va. man 8434 Ageorgia Avenue 250 REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15ME (5) Silver Spring, Maryland PR 2nc. 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 24 hours after death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 urs after ontgomer MARYLAND umhia b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b umpletely filled in by t carbon papers. Page vent, within 72 hours a Wa d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give strefft address) d. STREET ADDRESS ON A FARM? 2107 YES .__ ND X e-executed within completely Middle Last DATE Day DECEASED OF event, (Type or print) 66 Son DEATH 19 Mane 6. CDLDR DR RACE remove n any eve 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. 9. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDDWED X DIVDRCED AOa, USUAL DCCUPATION (Give kind of work done) .⊑ 12. CITIZEN DF WHAT 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) physician lease and ir during most of working life, even if retired) INDUSTRY CDUNTRY? 13. FATHER'S NAME The law requires that the death certificate been signed by the attending phy the burial-transit permit. Then pl ir to burial, cremation, or removal, MOTHER'S MAIDEN NAME 21 15. WAS DECEASED EVER IN U.S. ARMED FORCES INFORMAN' 16. SOCIAL SECURITY NO. (Yes, no, or unknwn) ((If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TD cause (a), stating the prior underlying cause last. 88 (c) CERTIFICATION WAS AUTDPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE for use Health PERFORMED? certificate YES ND 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HDW INJURY DCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) etached f Dept. of MEDICAL 20c. TIME DF INJURY Month, Day, Year 2Dd. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, 2Df. (City or town) (County) (State) 뺭 factory, street, office bldg., etc.) Hour a.m. While Not While p.m. 19 at work at work be retained 0 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should ited with the and that death occurred at 2.74M. from the causes and on the date stated above. 19.66 saw the deceased alive on 46 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. MED. DIRECTOR PHYS. Page 4 may O HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS director, p should be 1 NAME (Type) Sands la 23c. NAME OF CEMETERY OR CREMATORY LDCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Odd Fellows Cemetery Flintstone. Md. Burial 661 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR Lee Funeral Home, 4th & Mass, NE Wash DG. VR A15 (4) 20M 1/65



10		MARYLAND STATE DEPARTMENT OF HEALTH		
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
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funeral should	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased in	,	
hours y the f nd 2 s eath.		b. CITY OR TOWN (if out de corporate/limits, c LENGTH OF STAY IN 16 c. CITY, OR TOWN (if outside corporate/limits,	its, write RURAL and give neerest town)	
in 24	٠,	GECHANIOW N d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS d. STREET ADDRESS	1121 A IS RESIDENCE	
ely Pars Pars hours	-	THE MARYLANDER HOME OF REST, Inc. 10701 WEST MAIN	ON A FARM? YES NO Dey Year	
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vrifficat ysician move	do	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	country) 12. CITIZEN OF WHAT COUNTRY?	
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the destrending the plant and, and		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO. 17. INFORMANT es, no, optunkown) (Hyosgiveweror detes of service)	Address 4 TH	
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ician by by or re		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c)] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH	
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rcial of the second sec	NOLLA	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT	ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO	
PHYS this cer this cer d for us alth	CERTIFIC.	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Port I or Port I of Item OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	18.)	
INDING B: After detache it. of He	MEDICAL	20c. TIME OF INJURY Month, Dey, Year Hour e.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)		
Dep Dep		21. I certify that (I) (this hospital) attended the deceased from 7 - 3 185., to4		
A Poulo		saw the deceased alive on		
AL MAL MAL MAL MAL MAL MAL MAL MAL MAL M		220. SIGNATURE ATTENDING MED DIRECTOR PHYS. ATTENDING MED DIRECTOR PHYS.		
HOSPITAL		22c. PHYSICIAN'S NAME (Type) W. G. HALL 615 W. MONTGON	MERY AVE. ROCKVILLEN	
O H C Geath C Geath C Girect E Filt	23	BEMOVAL (Specify) # - 22-1966 Mt Olivet Cemetery Bladens	City, town or county) (State) The	
VR AIS (4 15M 7 61	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 55 GH. H. Y. Z. Z. D. R. REGISTRAR 2 ADDRESS 55 GH. H. Z.	signocial and willy	
	1_	W. W. Statement Co. 5	An Annual Annual Control	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) MARYLAND Department after death. b. CITY OR TOWN (if outside corporate limits,
write RURAL and give pearest town) LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) funel FITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? State NAME DE First Last DATE Month Day DECEASED OF DEATH (Typa or print) DATE OF BIRTH AGE (In Years | IFUNDER 1 YEAR REUNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days MIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (State or foreign country) INDUSTRY Usow FATHER'S NAME 14. MOTHER'S MAIDEN NAME File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. I removal, (Yes-no, or unknwn) (If yes nive war or dates of service) CAUSE OF DEATH [Enter only one cause payling for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediate DUE TO cause (a), stating the undarlying causa last. used as to burial, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO isease YES 3 should be agent, prior t EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY TO OF CONTRIBUTING TO MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While TOR: Page at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my ppinion O FUNERAL DIRECTOR: of Health or its design Undetermined manner death resulted from: Natural causes Suicide Homicide Accident for your CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER please edirector. Address (Street, CIV, Town, or county) NAME (Type) BURIAL, CREMATION. DATE THEREOF 23c. NAME 23d. LOCATION (City, jown or coupty) (State) 25b. PEGISTRAR'S SIGNATURE MEC'D BY REGISTRAR FUNERAL DIRECTOR VR ALSME (5)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05714 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institut an Residence before admission) , 2, and 3 ... PM3. Page a. COUNTY b. COUNTY ō MARYLAND b CITY OR TOWN (if outside forparate limits c LENGTH OF STAY IN 16 autside carparate imits write RURA, and give hearest tawn) after (Departr OCKUILL d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) d STREET ADDRESS S RESIDENCE farm hours **Give Pages** ote NO Z 24 haurs after death NAME OF DATE Last Manth within 72 DECEASED OF DEATH Φ IR GINIA 196 5 SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Lithday) Manths Maurs WidowED DIVORCED event 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 2 CIT ZEN OF WHAT during mast of working life, even if retired) COUNTRY? pages I Examiner pencil 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME be executed within <u>8</u> puo Charles Kitts Atwell IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address permit. (Yes, na, ar unknown) (If yes give war or dates at service) remayal, W. Woodrum husband. same item 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN burnal-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY. COTODATY Insufficency Acute -Oľ IMMEDIATE CAUSE (a) ward This certificate should cremation, DUE TO Cardio Vascular Disease 40015 Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause arwarded 03 last buriol pasn PART J. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? nPhysema. and Bronchial. Asthima NO X please execute the certificate. 200 EXTERNAL CAUSE WAS pr.or 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of noury in Part or Part I of Item 18) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF .NJURY (Hame, farm, (City or town) (County) (State) factory, street, affice blda, etc.) at wark designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection of Inquiry 🔀 may be retained in FUNERAL DIRECTOR: ond in my opinion the funeral directar. deoth resulted from Noturol causes . Accident | Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 may be ro FUNERAL Health ar i Geo. Rd DEPUTY MEDICAL EXAMINER Old **EXAMINER'S** John G. Ball Bethesda, Md. Address (Street, city, town, or county) NAME (Type) 23d LOCAT ON (C ty or Town) Germantown, BURIAL, CREMAT ON, 23c NAME OF CEMETERY OF CREMATORY Baptist Ch. Cem. Md (Caunty) (State) REMOVAL (Specify) Pike 250 RECD BY REGISTRAR 24 FUNERAL DIRECTOR 25b REGISTRAR 5 SIGNATURE Rock. Tyson Wheeler Funeral Home VR A15ME (5) DAVAY 1966 Rockville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Montgomery a. STATE Maryland Montgomery MARYLAND Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 days Rockville Silver Spring F bon papers. within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? 4407 Danvers Cross Hospital Street YES NOTE within letely carbon NAME OF First Middle DATE Month Last DECEASED (Type or print) **JEFFERSON** WOOLARD April 13 19 66 R. DEATH executed SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months | Days | Hours | Min. 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO DATE OF BIRTH 밀 Male White June WICOWEO [DIVORCEO [10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) Insurance COUNTRY? Insurance Salesman Richmond, Virginia U. S. death certificate 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME he attending ph permit. Then Julian H. Elizabeth Sisson Woolard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Same as 10 (Yes, no, or unkown) | (If yes give war or dates of service) Yes Charlotte R. Woolard Item 2. cremation, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET, AND DEATH PART I. CEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-**OUE TO** Cenditions, if any, which gave rise to immediate 2 the DUE TO (a), stating Drior underlying cause last. Se CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO for use Health PERFORMED? hospital or YES T NO X 20a. ACCIDENT WAS UNDERLYING ! OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at saw the deceased alive on C M, from the causes and on the date stated above. 22a. SIGNATURE 22b. OATE SIGNED MED. DIRECTOR **ATTENOING** 4-13-66 M.D. PHYS. FUNERAL PHYSICIAN'S ADORESS 22C. director, p Wisconsin Ave., Bethesda, Md. NAME (Type) 23b. OATE THEREOF (State) BURIAL, CREMATION, REMOVAL_(Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 4-15-66 Burial FUNERAL OIRECTOR Bethesda, Maryland VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05716 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Mont gonzer o. STATE b. COUNTY PM3. Page 40 Montgomer after death. MARYLAND b. CITY OR TOWN (If outside corporate limits. r LENGTH OF STAY IN 1h c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town Gaithers d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS farm within 72 haurs after death. 3. NAME OF DATE Doy DECEASED (Type or print) COLOR OR RACE 9. AGE (In years F UNDER 24 HRS. birthdoy) Months Hours haurs OCCUPATION (Give kind of work done? 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT in any 12171 pages pendi 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME be executed within and INFORMANI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO permit. (Yes, no, or unknown) (If yes give wor or dates of service removal 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit Gun Shot Wound. 0 JD. IMMEDIATE CAUSE (o) This certificate shauld cate, writing the ward be farwarded ta the Cl crematian, DUF TO Conditions, if ony, which gove (b) rise to immediate couse (a), DHE TO stoting the underlying couse O used as burial, a OS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? CERTIFICATION the certificate, NO DO its designated agent, priar ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY OF CONTRIBUTING CAUSE OF DEATH. le.in. chest Dear Heart 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year (County) Not While foctory, street, office bldg, etc.) may be retained for yaur FUNERAL DIRECTOR: Page of work Gaithers burg Ment. at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X the funeral director. death resulted fram: Suicide 🔀 Natural causes Accident . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** O FUNER Health NAME (Type) Address (Street, city, town, or county) 23d LOCATION (City BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) MOVAL Specify) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15ME (5)

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